

The Female Patient:
American Women Writers Narrating Medicine and Psychology, 1890-1930
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ABSTRACT

The Female Patient: American Women Writers Narrating Medicine and Psychology 1890-1930 considers how American women writers, including Charlotte Perkins Gilman, Zelda Fitzgerald, Sarah Orne Jewett, Edith Wharton, and Gertrude Stein, use the novel form to examine medical culture during and after the turn of the 20th century. These authors insert the viewpoint of the woman patient to expose problematics of gendered medical relationships, women's roles in medicine, and the complexities of the pre-Freudian medical environment. In doing so, the goal of revising medicine's dominant narratives and literature's role in that objective can be achieved. The focus on the female patient in women's literature of this period additionally connects the topic of illness with that of modernism. Authors using the voice and subjectivity of the woman patient refigure perspectives of normalized conceptions of women's social experience. More than illness and health as general subjects, these authors focus on the experience of the body through the doctor-patient relationship, moving more fully into direct viewpoints of the male gaze and its impact upon women's physical and mental health. In the texts in question, women are disempowered but also enter into newly complex relationships with their bodies that end in new and sometimes positive realizations. This further aids the project of considering and revising the dominant narratives of the masculine; women's view of medicine allows them to change representations of themselves and the way men categorize them. Utilizing historical record and sociocultural theorizing, this dissertation presents the five women authors as essential in creating new narratives of modernity and ways of understanding medical experience during this time.

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INTRODUCTION

An 1883 advertisement for Lydia Pinkham's Vegetable Compound declared the remedy was a cure for "all those painful Complaints and Weaknesses so common to our best female population" and promised it would "at all times and under all circumstances act in harmony with the laws that govern the female system."¹ By 1883, the business was quite successful; women appeared to trust Pinkham and bought her product in vast quantities. In actuality, the famed remedy had as its main ingredient a large quantity of alcohol.² When she first began the company, Pinkham responded personally to each letter of inquiry about her product, dispensing directions for its use as well as general medical and lifestyle advice to women across the United States. Pinkham was a kindly neighbor, medical advisor and protopsychiatrist; she would have labeled herself a Puritan and an herbalist. In addition to testimonials and correspondence, Pinkham's company published pamphlets and whole treatises on medical matters.³ One booklet entitled "Treatise on the Diseases of Women" notes that women are the best source for understanding other women's pain:

What does a man know about the thousand and one aches and pains peculiar to a woman? He may have seen manifestations of suffering, he may have read something about these things in books, but that is all. Even though he might be

¹ This was a common text of the advertisement, and similar variations appear in newspapers and other periodicals across the United States at this time. This particularly reference, which has this exact text quoted, is from the Schlesinger Library at Radcliffe/Harvard, printed in 1883 and given as a postcard with a picture of the 'great East River suspension bridge' on the reverse, a symbol of progress and civilization.

² Alcohol as main ingredient in patent medicines, including Pinkham's, is discussed in A. Walker Bingham's text *The Snake Oil Syndrome*. In Sarah Stage's *Female Complaints* about Pinkham, the company claimed the alcohol, 18%, was only used to preserve the ingredients, and no woman would drink a whole bottle.

³ Pinkham wrote the letters herself until her death in 1883, and after this, women were still encouraged to write to 'Mrs. Pinkham'. She received in one year, according to Elbert Hubbard's biased biography, "one hundred thousand letters" (30) and each received a personal reply, with medical advice. See Edd Applegate, *The Rise of Advertising in the United States*.

exceedingly learned in the medical profession, yet what more can he know aside from that which the books teach? Did a man ever have a backache like the dragging, pulling, tearing ache of a woman? No. It is impossible (3).

Despite Pinkham's dubious credibility as a patent medicine manufacturer, this statement holds merit. Pinkham addresses a key concern for women: their role within the medical environment and their status as patients. As Pinkham notes, though physicians are "exceedingly learned in the medical profession" they are confined to "that which the books teach." Pinkham addresses this deficiency with her product, aimed at women who would rather look for solutions to their medical concerns in their own medicine cabinets or from other women rather than physicians. The offer of privacy, too, allowed women to remove themselves from a physician's view and authority. Pinkham offered comfort from pain, but more importantly, understanding of a woman's perspective and specific needs.

The field of medicine was complex for women patients during the period of 1890-1930. This complexity is evidenced in the multiple forces and approaches occurring at once and in varying directions in the field, many of which were believed to be in the name of forward progress, and thus, aligned with modernity. Physicians looked increasingly to empirical research to decode the prevalence of certain illnesses, particularly nervous illness. The town physician making house calls was gradually replaced by the scientifically-oriented practitioner. Power was slowly centralized by these physicians who created a guild-like society for the elite man with a medical degree. Beyond this, patent medicines and other alternative methods were a significant force, particularly movements such as Christian Science. These self-treatment protocols or alternative methodologies away from physicians' control were popular at the same time that the elite doctor held increasing amounts of power and knowledge. By 1930, new

somatic methods became status quo while Freudian psychoanalysis was also enlisted as a primary method of cure for women's psychological illness.

Part of the complexity of medicine during this time involved continually changing categorization and methodologies. This further situates medicine within modernity; the categorizing and re-categorizing of illness and treatments stood as additional markers of perceived forward progress. Medical men were first physicians, then neurologists, and finally psychotherapists or psychologists. Women labeled with hysteria for a significant period of time, by the turn of the century were given new labels of nervous illness, nervous exhaustion, neurasthenia, neuralgia, or neurotic. Medical school classes moved from *materia medica* to anatomy and physiology to philosophy, to theories of evolution and neurology. The “mind” and “brain” were thought of at some points as interchangeable and then increasingly separated. The struggle to find a consensus on labels and the “proper” method of medical treatment speaks to the proliferation of narratives and variety of forces in effect in this socio-medical environment as well as the field's consideration of itself as increasingly modern.

Many of the movements, questions, and debates were worked out upon the woman's body. The female body was the end result or end direction for many medical services and products, the domain of physicians and patent medicine manufacturers alike. The woman's mind was consistently at issue in discussions of nervous illness and the best way to remedy its appearance. Hysteria or nervous illness was gender specific, diagnosed much more often in women.⁴ With the introduction of opiates in everyday medical

⁴ This topic is discussed at length in many works, including further reference in this introduction and in chapters on Charlotte Perkins Gilman/Zelda Fitzgerald. Of many other texts, notable ones on gendered

practice after the Civil War, for example, a direct link existed from doctor and product to the woman patient's body, with consequences of addiction and sometimes death. The woman patient administered to by the male doctor received particular forms of treatment and care, without input. In the late 19th century and carrying over into the following decades, those administering progressive treatments such as Jean-Martin Charcot at the Parisian Salpêtrière Hospital and S. Weir Mitchell in the United States requested a silent patient. As Asti Hustvedt writes of Charcot's "medical muses," "Charcot's goal was to transform his hysterics, with their bizarre fits and spasms, into ideal medical specimens – into living dolls" (6). While Hustvedt admits Charcot's patients found some sort of language to "articulate their distress," it was not without significant limitation (5). Those following Charcot in the United States replicated his scientific method using women patients more as specimens than humans with individual subjectivities. Medical providers were mainly uninterested in narratives of women patients to shape their theories and treatments.

Compounding the problem, diagnosis of mental illness mainly grouped patients into large categories, without consideration for spectrums of severity or individual experience. As Allan Horwitz notes, "Until the twentieth century, mental illness was equated with madness" (38). Mental illness was not separated into various types, and the classifications "were very simple and limited to the categories of imbecility and insanity"; Emil Kraepelin, one of the most influential practitioners of the nineteenth century for understanding mental illness, himself "emphasized only two major types of mental disorders: affective psychoses, including bipolar as well as unipolar depression;

diagnosis of hysteria or nervous illness are those by Tom Lutz in *American Nervousness, 1903*, Elaine Showalter's *The Female Malady*, and Carroll Smith-Rosenberg's *Disorderly Conduct*.

and dementia praecox, now known as schizophrenia” (Horwitz 38). Even in 1918, when the first precursor to the widely-used diagnostic manual, or DSM, emerged, “it comprised twenty-two categories, twenty-one of which referred to various forms of psychoses; the remaining category was reserved for all patients who were not psychotic” (Horwitz 39). This less diversified method of diagnosis, which remained the status quo until well into the 20th century, served to diagnose patients in a wholesale manner rather than understand individual experience.

As men viewed themselves as progressing forward, women’s professional roles within the field changed equally as a result, though not always with positive result. Women throughout the 19th century practiced midwifery, nursing, herbalism, or religious medicine or existed as businesswomen. At the turn of the 20th century, women attended medical school in small numbers. In 1900, women “comprised close to 5 percent of the profession” (Morantz-Sanchez 233). However, this forward movement for access to medical education and changing labor opportunities saw a slowing, and even a reversal after the turn of the century. Women’s labor continued to be determined by a “domestic ideal” that demanded they be stationed in the home. “As late as the 1920 census, more than 75 percent of all adult women reported that they functioned exclusively as wives, mothers, and housekeepers in their own homes” (Smith 369). Though the opening of the Johns Hopkins Medical School in 1893 was a “crowning achievement” for women, negotiated in part through prominent activists and wealthy women donors, by 1910 progress slowed. “After peaking at 6 percent of the national total in 1910, the percentages steadily shrank, and only in 1950 did women physicians again reach the magic 6 percent” (Morantz-Sanchez 233). In addition, by the turn of the 20th century, women were

removed almost entirely from the field of midwifery (Ehrenreich 61). As the “modern medical profession grew to maturity in the first three decades of the twentieth century,” women saw opportunity as well as restriction (Morantz-Sanchez 233). What was seen as progress and change for the medical field was not necessarily aligned with women’s progress. While some women saw new opportunities and possibilities, many were denied space within the profession. Women saw both empowerment and disempowerment in this moment of modernity.

The woman patient’s story, history and individuated experience became more important to medical diagnosis and treatment when Freudian psychoanalysis was introduced more widely in the United States. This allowed for a re-framing of women patients as existent on a spectrum of disease or abnormality; patients could be returned to some form of normal function as well as exist outside of the simplified categorization of sanity or insanity. Freudian method was successful in its “earliest phase” at the turn of the century because “the technique was effective with a number of patients whose neuroses had seriously disabled them – and who had not theretofore responded to treatment” (Burnham 10). Its influence became unmistakable for American medicine and culture; as Burnham notes, “At the high point of both the popularization and prestige of psychoanalysis in the United States in the 1940s-1960s, it was difficult to separate the core psychoanalytic movement from the pervasive cultural impact” (4). Beginning with Anna O. in the 1890s in Vienna, Freud and Joseph Breuer first used hypnosis to “relieve hysterical symptoms through talking and remembering.” Later, “working with his own patients, Freud discovered that hypnosis was not necessary. Painful symptoms could be removed if, through attention to the recovery of memory, a patient could remember

repressed memories of the past....New transformative life narratives thus involved an emotional reworking of memory” (“Psychoanalysis” 469). As Carol Berkenkotter notes, Freud’s case histories of patients and writing down “what the patient said” was important to psychoanalysts “attempting a new, ‘scientific’ form of inquiry” (100) as well as the importance of interpreting patients’ dreams in talk therapy (102). Thus, it can be stated that Freud’s scientific use of the patient narrative helps in large part to reimagine ways of understanding and treating women’s illness.

Based on the complex status of medicine, the question then exists as to the place of narrative in medicine before Freud. What is the value and role of women’s narrative in the “pre-Freudian” moment? The expansion of the bounds of the “normal” even before Freud allows for new possibilities yet may also reinstate ways of controlling women through diagnosis and treatment. Toril Moi points to the “social powerlessness” of women’s narratives in general; “The *reason* why the neurotic fails to produce coherence is that she lacks the *power* to impose her own connections on her reader/listener” (82 her emphasis). Women’s roles in narrating their own illness and experience do not exist for long periods of time. Elaine Showalter follows this commentary regarding Freud; “When narrative conventions assign women only the place of object of desire, how can a woman become the subject of her own story?” (*Hysteria Beyond Freud* 333). While these commentaries depend upon a feminist lens and open holes in Freud’s advancement of women, the purpose and question remains regarding the role and purpose of women’s narrative. This project asks how women asserted themselves and their own perspectives in a time when modernizing medicine creates a complex environment of narratives, often without regard for the narrative of the patient. Women’s patient narratives are many times

dominated and overlooked by a male-influenced atmosphere that emphasizes its own methods and categorizations as markers of progress.

Literary women of this period provide some set of responses to the call for modern narratives of the patient. Modernist literature, with an aim of grasping onto and sometimes adding to the complexity of the moment, includes women writers who aid in this objective. Through the eyes of certain women authors who portray larger trends within modernizing medicine, new discussions of medical and psychological experience appear within literature. These writers help to construct a portrait of who the modern woman was, partially through discussion of how women navigated their physical health during this time. Women writers observed how power shifted into women's hands but at the same time increasingly into those of male medical practitioners or how the elements of class and status affected the woman patient's medical experience. They observed trends and changes in practices and how alternative methodologies could exist alongside traditional or mainstream ones. These crisscrossing narratives do not necessarily allow for or provide a space to completely answer the question of who the woman patient was, but through the action of the modern woman writer, a clearer portrait of medical history and the woman's experience sees further completion.

As a whole, this dissertation considers how American women writers, including Charlotte Perkins Gilman, Zelda Fitzgerald, Sarah Orne Jewett, Edith Wharton, and Gertrude Stein, use the novel form to examine medical culture during and after the turn of the 20th century and insert the perspective of the woman patient. During this period, as I argue, women writers reflect on occurrences and trends in pre-Freudian medicine and provide revised narratives of women's medical experience. Inserting the viewpoint of the

woman patient works to expose problematics of gendered medical relationships and the complexities of the medical world as well as create a platform for rethinking the way women's identity as medical patient is conceived within modernist literature. In doing so, the goal of rethinking medicine's dominant narratives and considering literature's role in that objective can be achieved.

The focus on the female patient in women's literature of this period connects the topic of illness with that of modernism. Authors using the voice and subjectivity of the woman patient refigure perspectives for reader and public, an audience used to normalized conceptions of gender within literature. The topic of illness contributes to modernity's aims, using as it does a position of disruption and a focus on narratives of abnormality rather than the commonplace or iterations of the status quo. As Rita Felski writes, "Seen to be less specialized and differentiated than man, located within the household and an intimate web of familial relations, more closely linked to nature through her reproductive capacity, woman embodied a sphere of atemporal authenticity seemingly untouched by the alienation and fragmentation of modern life" (16). While feminist theory has attempted to challenge certain conceptions of modernity and women's role within those conceptions, something Felski takes part in, there is room for further exploration. Rather than use a baseline of normality and health, these women authors begin with narratives of illness as the foundation of their texts. For these authors, the genre of medicine allows for a reconfiguring of the normal and a placement of voices of illness that interrupt the masculine voice as well as that of the normalized feminine. Modernism, like the lens of illness, allows the author to reconstitute what is normal and what is abnormal, flipping narratives of dominance and weakness to view new

possibilities of the subject and the self. The authors within this project fragment the very environment of their literature by focusing on illness and the abnormal to break apart what is considered the “normal” environment for women and women’s health.

The lens of medicine in literature of this period in combination with modernist trends provide enhanced views of the bodily experience. More than illness and health as general subjects, these authors focus on the experience of the body through the doctor-patient relationship, interrogating the male gaze and its impact upon women’s physical and mental health. In the texts in question, women are both disempowered physically but also enter into newly complex relationships with their bodies that end in new and sometimes positive realizations. This further aids the project of considering and revising the dominant narratives of the masculine; women’s outside view of medicine allows them to consider more fully their experiences and the way men categorize them. The act of writing from the outside reinserts narratives of the body in new ways. While Freudian narrative uses women’s talk in more considered and direct ways for treatment, women’s literary narratives in the pre-Freudian period carry out similar tasks, examining women’s medical experiences and reinserting through writing the importance of women’s interiority.

This project presents women authors as beginning a trend of confessional narratives of mental illness. Charlotte Perkins Gilman and Zelda Fitzgerald, who frame the time period and trajectory of this project, focus on bodily experience and a narrative of the abject to purposefully revise norms of women’s experience of illness. By mid-20th-century, the narrative genre of mental illness is more firmly established through authors such as Sylvia Plath or the poetry of Anne Sexton. Particularly for Plath, the creation of

art out of illness is less surprising, as she naturally combines the two in both poetry and prose. Plath's work reflects the increased inclusion of mental illness or Freudian narrativity into the cultural map of American thought. The mentally ill woman using the subject of her illness as material for writing reaches its apex; Plath uses the full concept of the abject in showing at once creativity and destruction. The conception of the abject through illness and simultaneous internalization of harmful external images of one's self is realized. Yet for women in the early parts of the 20th century, this representation of illness within literary work is uncommon. These predecessors, particularly Gilman and Zelda Fitzgerald, particularly deserve notice for beginning the recognition and embrace of abnormal subjectivities of medical experience and illness within their art.

What becomes clear in this project is the contribution of the woman writer to the overall narrative of the woman patient and to revised conceptions of modernism during this time period; narratives of illness are spaces where the modern woman writer emerges. Though narrative may not be the only recourse to understanding the woman patient's experience, in this case the medium of literature has the ability to use narrative expression as a tool for this productive purpose. Literature makes important what the medical community and historians record with less emphasis. This practice is not without its risks, particularly as it has to do with the issues of the body and the private functions of the non-normative woman's mind. This project allows us to see what is at stake for writers of the modernist period; not simply making the invisible visible, but framing various scenarios of invisibility in order to claim a non-normative version of narrative.

In attempting to create a methodology for this project, the use of historical record provides necessary perspective. Historical record helps immensely in understanding what

women were experiencing, and history provides a useful data set from which to determine what women writers reflected upon. Statistics on addiction, cultural commentary from physicians at this moment, and documentation of medical practices all add to the range of evidence that provides a foundation for this exploration. In the first chapter, letters between Scott Fitzgerald and Zelda's psychiatrists support the argument of the husband-physician role and its impact on Zelda's life and work. Historical criticism of women's treatments for nervous illness helps shape discussion of Charlotte Perkins Gilman's text. In the second chapter, historical record of women's practice of Christian Science and herbalism and records of psychological theorizing at the time by those such as William James are, as I argue, necessary context for Sarah Orne Jewett's reflections on women in medicine. In the third chapter, statistics on addiction, historical record of medical products, the history of addiction and the role of pharmacy are all used to lend weight to Wharton's consideration of women's autonomy and ethical conflicts. For the final chapter, contextual history of Gertrude Stein's experience in medical school and within the community of Baltimore along with information on the status of women in medical school at the turn of the century give new perspective on Stein's early writing.

Sociocultural theorizing undergirds the function of these literary narratives. Bruno Latour's emphasis on the social in the creation of scientific inquiry and exploration adds insight to discussion of male physicians and women opium addicts. Michel Foucault, particularly in his works *Madness and Civilization*, *Birth of the Clinic* and *History of Sexuality*, details power relations and the institutionalization of knowledge that inform this project and its discussion of the doctor-patient relationship. Foucault discusses the doctor's gaze particularly, something useful for understanding the various ways the

woman patient is interpreted by the male doctor. Theorizing on the topic of gender is also important to this project. For this, the now-classic work of Simone de Beauvoir is utilized, as well as more recent critical commentary that uses gender as its basis and reflects on the work of de Beauvoir such as Toril Moi and Rita Felski. Judith Butler's *Gender Trouble*, though not appearing in any of the chapters, is another foundational text that considers gender and its sociocultural implications. While this project does not consider its purpose within the range of feminist studies, it is necessarily part of the relevant discussion.

Literature review

Some scholars have created critical narratives of women's historical and/or medical experience in the United States during and after the turn of the century. In Barbara Ehrenreich and Deirdre English's *Witches, Midwives, and Nurses*, Ehrenreich and English focus on the rise of male medical professionals who usurp women as providers. They point to American businessmen as pivotal in the male "takeover" of medicine. As the text states in its introduction, "The set of healers who became *the* medical profession was distinguished not so much by its associations with modern science as by its associations with the emerging American business establishment" (63). According to the authors, these men helped to remove women and their agency from the medical field. Lisa Appignanesi's *Mad, Bad, and Sad: A History of Women and the Mind Doctors* provides helpful discussion of women with mental illness and their experiences with physicians during this period. Another valuable text is Tom Lutz's *American Nervousness, 1903*, which considers the topic of neurasthenia among American writers,

artists and intellectuals at the turn of the century. Lutz discusses at some length the gendered aspects of neurasthenia, lending important historical context.

The accounts of madwomen in history and literature also align with this project. Phyllis Chesler's foundational 1972 text *Women and Madness* brings recognition of the common categorizing of women with madness and inserts some discussion of the woman patient. The text is a wide-ranging exploration of the way women are conceived as mad, using a feminist lens to consider all aspects of women and madness, from historical narratives to contemporary statistics on women's institutionalization. As she writes of the woman patient and gender roles, "Men are not usually seen as 'sick' if they act out the male role fully – unless, of course, they are relatively powerless contenders for 'masculinity.' Women are seen as 'sick' when they act out the female role (are depressed, incompetent, frigid, and anxious) and when they reject the female role... Large female involvement with psychiatric facilities is... predicted by the comparatively limited social tolerance for 'unacceptable' behavior among women" (148). Chesler points to authors also considered in this project, including Zelda Fitzgerald, and notes that, "Despite their beauty, genius, and class/skin privilege, none were helped, and all were deeply hurt by institutional psychiatry and patriarchal therapists" (4). Chesler's text helps reconsider the aspects of mental illness from the woman patient's perspective, and why women are often placed within these categories. In a similar vein, Sandra Gilbert and Susan Gubar's 1979 *Madwoman in the Attic* uses a feminist lens to discuss Victorian literature and the figure of the madwoman to assess how women are conceived of in the Victorian period. Susan Hubert's *Questions of Power* similarly analyzes autobiographical narratives of madness from women who were wrongfully institutionalized.

The topic of women physicians, indirectly related to this project, has been discussed by some number of scholars. Ruth Abram charts a history of women physicians in the United States in the 1985 *Send Us a Lady Physician*, which records the history of women in medical school from 1835 to 1920. Nancy F. Cott's 2004 *No Small Courage*, while a more general work of women's history in the United States, describes women's pioneering roles in medicine. Karen Manners Smith's chapter on the period of 1890-1920 paints broad strokes of women's labor and overall experiences of gaining power in various fields as well as their continued restrictions. *Women Physicians and the Culture of Medicine* edited by Ellen S. More, Elizabeth Fee and Manon Perry offers a look at women physicians in the United States over a 150-year period. Carolyn Skinner's *Women Physicians and Professional Ethos in Nineteenth-Century America* analyzes rhetorical practices of American women in medicine in a field dominated by male forms of communication.

This project more specifically aims to follow certain critical works that have paved the way in understanding the psychological sphere for women at the end of the 19th century or understandings of the woman patient. Cynthia Davis' text *Bodily and Narrative Forms* engages with literature during the period of 1845 to 1915, the topic of embodiment, and the conflicts within medicine at that time, particularly literature that "attempts to grapple – both thematically and formally – with an increasing tendency to turn to embodied existence as both essential referent and source" (2). Davis's work is useful in combining literature and medicine during this time period with narrative theory. Jane Thrailkill's *Affecting Fictions* uses cognitive psychology and affect theory to understand American literary realism. Another key piece, though not a monograph, is

Meredith Goldsmith's "Cigarettes, Tea, Cards, and Chloral: Addictive Habits and Consumer Culture in *The House of Mirth*," which discusses Wharton's explorations of addiction and self-treatment, as well as the influence of consumer culture, serving as an important jumping-off point for that chapter. Diane Price Herndl's *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840-1940* also focuses on a similar time period and has similar aims, examining the ways the female invalid appears in literary and social dimensions. Elaine Showalter's *The Female Malady* is additionally helpful; while Showalter's project focuses on British literature and an emphasis on madness, it combines the aspects of psychological theorizing with women's literature, and uses culture as an important component. While many texts discuss the historical aspects of medicine, madness, or women's roles in medicine, few discuss the perspective and experience of the woman patient outside the asylum.

Other texts combine important discussion of modernism with gender and femininity. Rita Felski's 2009 *Gender of Modernity* engages with the larger project of determining the gendered aspects of modernity, aiming to "unravel the complexities of modernity's relationship to femininity through an analysis of its varied and competing representations" (7). Felski helps in both situating modernism and the role women's voices play. Marianne DeKoven provides other foundational work on writers contending with gender in *Rich and Strange: Gender, History, Modernism*. Gail Finney's *Women in Modern Drama: Freud, Feminism and European Theater at the Turn of the Century*, while a focus on drama, examines the central role of women's psychology to imaginings of modernism in the European *fin de siècle*. Finney spends some time on the figure of the hysteric and the blurring of this role with that of the feminist.

As this project is situated somewhat in the field of medical humanities or at least in the intersection of literature and medicine, it calls for texts that theorize the topic. Adrian Carter and Wayne Denis Hall's *Addiction Neuroethics* considers the moral implications and autonomy that exist for addicts, useful for the chapter on Edith Wharton's *House of Mirth*. Allan Horwitz's *Creating Mental Illness* argues against the conception of mental illness as a disease and proposes that mental illness is often socially constructed. Other texts in the field provide important background analysis on cultural thought. Ellen Herman's *The Romance of American Psychology* takes an overarching view of the field and its political and cultural significance in the United States. Texts such as these work to provide a foundation of moral and ethical theorizing. *Neuro* by Nikolas Rose moves into the contemporary sphere to examine how neurobiological conceptions influence ideas of the modern self, including social sciences and humanities. The aspects of patient narrative and humanistic care within medical practice are two threads that place this project within the purview of medical humanities. However, the absence of discussion of contemporary medical education move it somewhat afield of medical humanities and its aims.

History of medicine at the turn of the century

To begin to frame the complexity of this project, a more detailed portrait of the medical environment in the period of 1890 to 1930 is needed. This is not to paint an entirely detailed picture, but to provide some nods of contextual information and a sense of the various medical forces at work that women respond to and contend with. One aspect of importance is women's diagnosis of mental illness. Diagnosis for women

during this period is connected to a significant history of women's association with madness. Phyllis Chesler traces madness in women in the 20th century as a continuous trend dating back to Greek myth and later to religious affiliations such as the Catholic Madonna. She links madness with martyrdom, noting that women's "madness is treated in such a way as to turn it into another form of self-sacrifice" (71). Elaine Showalter notes in the introduction to *The Female Malady* that madness is continually emphasized and diagnosed in women far more often than what actually exists; "By far the more prevalent view...sees an equation between femininity and insanity that goes beyond statistical evidence or the social conditions of women" (3). While Showalter focuses on madness in British culture from 1830-1980, her statement can be extended to similar conceptions of women in the United States. At the turn of the century, women's mental illness in the form of nervous illness was a common diagnosis. It was also particularly gendered. As Tom Lutz writes, neurasthenia "was a highly gendered discourse. Men and women became neurasthenic from different sets of causes...while women needed rest and quiet so they might passively build up their reserves of nerve force, men needed actively and vigorously to build up theirs" (31). Women diagnosed with mental illness, and specific forms of it, is a particular trend in the U.S. at the turn of the 20th century and the following decades.

Harvard and Boston more generally at the end of the 19th century exist as the central location for the development of the field of psychology.⁵ Helped in part by

⁵What is known as the "Boston school" emerges at this time, prominent more for its departure from European thought on hypnosis and consciousness, but allied by their progressive tendencies; various men who were at Harvard, Tufts and Clark. See Nathan Hale's discussion, as well as Eugene Taylor's historical text, which briefly discusses the Boston school, but also the trend of psychotherapeutics: "The true era of applied therapeutics occurred after 1896...when there was an explosion of interest in personality,

William James, psychology moves out of the field of philosophy and is aligned with medicine. Psychology departments at universities do not exist until the 1870s, and then decidedly exist by the beginning of the 20th century.⁶ James Jackson Putnam, Morton Prince and William James worked closely with G. Stanley Hall at Clark University. This group was similar in outlook and formed a network of knowledge, all centered in New England. “They represented, above all, a crossing of disciplines and professions. Drawn from neurology, psychiatry, and academic psychology they constituted an informal network of people, chiefly on the eastern seaboard, with similar interests, most of whom knew each other.” New England was “the American center of the new psychopathology” (Hale 74). Discussed in the chapter on Sarah Orne Jewett in further detail, those at Harvard, particularly William James, theorize the mind and brain in new ways but also indirectly work to further remove women from spheres of power.

Psychotherapeutic theorizing in academia and treatments in private practice addressed the common problem of “nerves” and “nervousness,” which come to replace hysteria.⁷ Theorizing from those at Harvard and elsewhere in New England at the end of the 19th century focused on the body as the origin site of mental illness. “The American somatic style was set in the 1870’s and 1880’s chiefly by bright young neurologists such as James Jackson Putnam or Silas Weir Mitchell, who still dominated the profession in

consciousness, and psychotherapeutics both nationally and internationally. In the United States, Boston became the Mecca for the new cures” (37).

⁶ On the East Coast particularly, psychology departments branched out of philosophy departments. Harvard was the first to reform their philosophy department and create a psychology department. See *Explorations in the History of Psychology in the United States*, ed. Josef Brozek and Robert D. Richardson’s biography of William James, *William James in the Maelstrom of American Modernism*. Psychology departments were influenced by not only their philosophical roots in Continental thought, but also grappled with early American religious thought and theories of evolution from Spenser, before psychoanalysis came to the fore.

⁷ For further information on neurasthenia and gender, and the history of the conceptualization and theories of ‘nervousness’ see Tom Lutz or Eric Caplan’s *Mind Games*.

1909” (Hale 48). Weir Mitchell gained fame for his somatically-oriented “rest cure” for women with neurasthenia after the Civil War, discussed also in the chapter on Charlotte Perkins Gilman and Zelda Fitzgerald. The patient was “isolated in a sanitarium, lay in bed, was given a rich diet, and submitted to at least one hour’s daily massage” (Ellenberger 244). The patient was allowed to do no “thinking” activity of any sort, including writing. George Beard, who popularized the term neurasthenia in the United States beginning in 1881, regarded the illness’s cause as related to the growth of modern civilization, which depleted nerve energy. He notes in *American Nervousness* that “Civilization is the one constant factor without which there can be little or no nervousness, and under which in its modern form nervousness in its many varieties must arise inevitably” (vi). Modern inventions of civilization, “steam power, the periodical press, the telegraph, the sciences, and the mental activity of women” are what cause modern nervous illness, according to Beard (96). Beard believed, like Weir Mitchell, that women could be made too excitable by activity or engaging in intellectual stimulus, which depleted the body’s nerve energy and created neurasthenic symptoms.

The debate over psychological theorizing and treatment was continued by those who embraced the freshest intellectual achievements from European influence where more traditional American physicians feared to tread. The new ideas of psychotherapy in the years directly after the turn of the century came up against treatments such as the rest cure. “In 1907 and 1908 psychotherapy was bitterly discussed among New York, Boston, and Philadelphia neurologists, who tended to split into two camps, the orthodox somaticists and the proponents of systematic psychotherapy. The latter felt despised and rejected, classed among the charlatans and faith healers. Yet they saw themselves as the

protagonists of a new knowledge and technique which more hidebound authorities were too limited, and possibly too lazy, to learn” (Hale 93). Those theorizing at Harvard or other progressive locales eventually split from those who hold onto their belief in somatic treatments as the better method. The first decade of the 20th century sees considerable progress yet also furious debate over causes of illness and methods of psychological treatment.

The popularization of neurasthenia and nervous illness helped reinforce the growth of the patent medicine industry. One example was Dr. R.V. Pierce, who created the “Palace Hotel” and the “Invalids Hotel and Surgical Institute” for neurasthenic patients near his home in Buffalo, New York, one of many such institutions. His famous remedy, Dr. Pierce’s Favorite Prescription, states on the label that it “is a tonic...of unsurpassed efficacy, combined in such a manner, that, while it quiets nervous irritation, it strengthens the enfeebled nervous system, restoring it to healthful vigor. In all diseases involving the female reproductive organs, with which there is usually associated an irritable condition of the nervous system, it is unsurpassed as a remedy” (Bingham 189). Dr. Pierce capitalized on his position as a physician to promote the purchase of his medical remedies and treatments, using pamphlets, prescriptions, and treatment centers. This is only a single example of what becomes a large trade, one that often focuses on and targets women. Other popular products such as Mrs. Winslow’s Soothing Syrup, Mrs. Sarah J. VanBuren’s Ladies’ Tonic and Femenina are just a few of the remedies marketed by or to women directly (Bingham 58). Lydia Pinkham eventually marketed her “general tonic” later as specifically for women’s illness, and “played this tune for all it was worth” (Bingham 55). Pinkham was “the most widely known woman of nineteenth-

century America” (Holbrook 58). The main effectiveness of many patent medicines was the inclusion of alcohol, opium or its derivative, cocaine, or a combination of both or many of these substances. Many marketed medicines included laudanum, a mixture of alcohol and opium, or used other variations such as the barbiturate chloral.

Newly-created practices such as Christian Science or the continuation of trends such as herbal healing provided alternatives to the medical establishment during this same period. “Neurologists struggled into the 1890’s to establish their specialty not only against the opposition of alienists and general physicians but against mind cure practitioners who began to flourish, especially in Boston, in the 1880’s. This brisk lay competition made neurologists insist all the more on the scientific purity of the somatic style” (Hale, *Freud and the Americans* 49). Christian Science provided women practitioners with renewed power, and women sought out other women in a kind of reversal of recent history, fostering woman-to-woman connection and the promise of healing. “Like Spiritualism, Christian Science further conflicted with regular medicine by proposing an egalitarian relationship between healer and patient, in which anyone healed by Christian Science could go on to become a practitioner” (Braude 184). Alternative medicine in the form of herbalism attracted other audiences, particularly in rural settings and those looking away from commercialized medicine. “The back-to-nature theme had many variations. It drew support from respectable medical opinion which had begun to suggest the dangers inherent in the unlimited use of compounds containing mercury, antimony, lead, arsenic and other chemical substances. ...Avoiding the expense of formal doctoring and drugstore prescriptions appealed to the practical and self-reliant” (Bingham 89). Herbal remedies helped those who believed in the security of self-reliance, or self-

treatment, and those who felt they could be their own medical advisers.⁸ Herbalists join followers of Christian Science and “mind cure” as forces of alternative medicine that provide options other than traditional, scientifically-oriented medical practitioners.

Doctors during the Civil War began to prescribe opium as an easy solution for medical woes, including nervous illness. By the 1880s, awareness grew of the negative effects of opium as addiction became a visible issue. Combined with prescriptions from doctors and over-the-counter remedies that had no regulation nationally, opium became a problem for women patients, who were targeted by advertising or treated by doctors for “women’s problems” or for nervous illness. In the nineteenth century, as David Courtwright notes, the typical opiate addict is a white, middle or upper class woman. This generation of addicts were “female, outwardly respectable, long suffering – and thoroughly addicted to morphine” (1). By 1914, opiate addiction “began to appear more frequently in lower-class urban males” (Courtwright 3). Physicians by the 1920s and 1930s saw addiction as connected to psychopathy, and physicians came “to support mandatory institutionalization of addicts, and to refuse to supply addicts (especially the nonmedical type) with opiates” (Courtwright 3). Until the 1920s, women and their addiction to opiates was a topic of concern, particularly as their addictions were often created by prescribing physicians.

After the turn of the 20th century, the American Medical Association began to fight patent medicine companies and opiate addiction in earnest as they led campaigns to

⁸ Self-treatment is a term that I use, believing that there does not exist scholarly work that coins it specifically as a gendered behavior, as I do in this project. As will be discussed in a chapter, self-treatment usually involves use or abuse of a prescription or over-the-counter remedy that the woman procures, and intimates that she believes herself capable of treatment of her own medical difficulties, or believes herself incapable of seeking outside help.

centralize their authority. In 1906, led in part by the efforts of the Health Department in New York City, the Pure Food and Drug Act was passed, which required manufacturers to state on the label the quantity and name of the substances included in the product, including opium, cocaine, and alcohol (Courtwright 57). The American Medical Association printed articles and pamphlets discussing the industry's tactics, their most well-known one being "Nostrums and Quackery" printed first in 1910. This represented the AMA "having at last turned a corner and shaken off its lethargy on the subject of proprietary medicines" (Bingham 28). This moment was a "monumental watershed" for the medicine industry, and many thriving patent businesses were forced eventually into ruin. After 1914 with the passage of the Harrison Act, national regulation of narcotics began more fully (Courtwright 3).

After Freud's visit to Clark University in 1909, his influence on the practice and methodologies of psychology in the United States began, though it took until the 1940s for his influence to be fully established (Burnham 4). As Jonathan Engel notes, "As early as 1926, a mere fifteen years after Freud's first visit to the United States, William McDougall, professor of psychology at Harvard, wrote, 'Freud has done more for the advancement of psychology than any student since Aristotle'" (2). A.A. Brill, Freud's translator, and Harry Stack Sullivan helped to further popularize Freud's work. Sullivan was the "transitional figure in bringing Freudian theory to pragmatically oriented American psychiatrists," one of "the most influential psychiatrists in the country for the two decades between 1930 and his death in 1949" (Engel 25). Freud worked to promote psychoanalysis as a lay methodology rather than a medical treatment, yet in the hands of American practitioners it took on a more clinical frame. It was "predominantly a clinical

technique for treating illness rather than an educational technique for increasing self-knowledge,” yet it became, in the hands of American practitioners “the treatment technique without peer,” as a result of “the disproportionate influence Freudian psychiatrists had within the American psychiatric establishment” (Engel 16). The period of 1890-1930 culminates in Freud’s position as without competition for the treatment of mental disorder.

Chapters

Charlotte Perkins Gilman pens “The Yellow Wallpaper” as a fictionalized account of a woman taking the “rest cure” for neurasthenia. The concept of voice is an important foundation for this project, and Gilman reveals an interior, first-person perspective as the narrative’s foundation. Her narrator uses a journal to write reflections and commentary on her treatment, and the entirety of the novella focuses on this internal narrative style. Feminists and scholars since the 1970s have reclaimed Gilman’s text as evidence of the liberatory power of mental illness in taking over a man’s domain and showing, even through insanity, that women can free themselves from a husband or physician’s grip. Despite the text’s already-large volume of criticism, this chapter will help introduce the concept of the woman patient and her experience with mental illness treatment, both key axes of this project. It serves as a starting point in discussing voice in a literal way as well as the voice of the medical community at this moment and the inherent complexities of the doctor-patient relationship.

The chapter uses Charlotte Perkins Gilman’s “The Yellow Wallpaper” and Zelda Fitzgerald’s 1932 novel *Save Me the Waltz* to frame a comparison of the woman patient

from the late 19th century into the modernist period. Gilman's text, I argue, has strong comparisons to Zelda's life and work, describing women overseen by men who benefit from the woman patient's diagnosis and treatment that often limits them physically. There is a strong connection in the two texts to the concept of captivity through mental illness treatment. More importantly, both women respond to the figure of the husband and the attempts at a medicalizing of the mind and captivity of the body through the creation of art. In this way, the focus returns to the body, as the authors choose the vulnerable space of their illness for their narratives to occur. The authors' biographical scenarios and authorial purpose refocus attention on the body as a topic for literary narrative. In addition, understanding Zelda's literary work in both its artistic and biographical dimensions – including Scott's policing and coopting of her work – may help rethink the public image of Zelda that often rests on perceptions of her mental illness.

The second chapter explores Boston and New England in the 1890s and Sarah Orne Jewett's *The Country of the Pointed Firs*. The medical environment in Boston is a complex one, with multiple moments and movements. Alternative medicine, including Christian Scientists and herbalists, exist and compete with medical materialism and the ranks of Harvard thinkers. Progressives at Harvard were invested in understanding the mind but believed in more empirical methods and physical, somatically-oriented treatments before turning to new theories of mental illness as separated from physical symptoms. Jewett's narrator experiences a kind of consciousness and unconsciousness, reflecting a Jamesian recognition of the new structures of the mind and brain and assists other characters using methods of mind cure as well as an accessing of the unconscious.

Jewett's herbalist character provides commentary on women's alternative practices and how they fit into medicine's larger purview. Using the text, Jewett examines her contemporary medical environment and women's abilities as non-traditional practitioners, providing an alternate vision of medicine.

In the third chapter, I consider how issues of autonomy interact with the concept of women's addiction. Using Edith Wharton's *House of Mirth*, I focus on the protagonist's struggle with autonomy and self-medication. In a larger frame, the chapter explores the prevalence of medical products among women of all classes to treat their own illness during this period. Many women found patent medicines on their own or became addicted to medications through doctor's prescription. Rather than a subtext, I read protagonist Lily Bart's self-treatment and addiction as a key concern of the novel. Medicine at this moment offers independence and at the same time provides for a medicated self to function appropriately within class roles. Wharton envisions a new kind of society woman as one that has her own prescribing doctor, while working women self-medicate to continue their labors. Wharton reflects on this changing scenario for women, the presence and ethics of autonomy and who holds power, and how social structures interact with medicine.

In the final chapter, I focus on Gertrude Stein's experiences with medicine, the physician's gaze, and the treatment of immigrant and minority women in her 1909 novel *Three Lives*. *Three Lives*, a reimagining of Gustave Flaubert's *Trois Contes*, examines immigrant and African-American women in Baltimore. Stein's early experiences in medical school at Johns Hopkins informs the novel, a reflection of a doctor's viewpoint on issues of race, economics and sexuality. Little scholarly work has been undertaken

regarding this text or the link to Stein's own background of medicine that served as the novel's inspiration. Stein views this community of women through the gaze of the physician, and I argue this is a significant influence in the text's narrative formation. I position each of the three characters and their sections of the novel as individual medical case studies to shed further light on the doctor-patient relationship, including the way Stein portrays the patient as invisible in their status as lower class or minority. The African-American doctor in the text fits into this scenario, as his aspirations align him with the white medical community, something that further characterizes the figure of the powerful white male physician. The narrative structure of the text and Stein's experimental use of opaque prose corresponds with an invisibility of the woman characters. In a modernist style, Stein's text provides an important framing of the doctor's viewpoint of the minority and immigrant woman patient and the power relations between the two.

Conclusion

Before Freud begins his influential reign in the United States and personal narratives of childhood experiences and sexuality are considered, the field of psychology focuses on bodily treatment, experimentation to understand brain structure, or conceptions of nervousness and nerve energy. This makes up the spectrum of treatment women were privy to at this moment, largely undifferentiated and limited in scope. Despite gendered diagnoses and treatment, there existed a considerable opacity regarding both the woman's experience and her role in treatment. Through the work of literary women in the period of 1890 to 1930, however, understandings of the woman patient and

the relationship to the modern woman begin to emerge more clearly. A reassertion of women's narrative is visible through modernist writers who voice their medical and social experiences, or frame important commentary on other women's encounters.

Charlotte Perkins Gilman and Zelda Fitzgerald frame a period of time where women begin to use their own narratives and rethink narratives of illness away from the male physician or husband's perspective, and toward their own creation of art. In certain instances, the modern woman writer takes advantage of the space of treatment and uses it for artistic output. For those like Sarah Orne Jewett and Edith Wharton, observations of the contemporary medical sphere are translated into their narrative creations. Jewett focuses on the turn-of-the-century medical environment in New England as a location of exciting new thought, but one that is limited by men's attitudes of dominance. Jewett uses practices such as herbalism and other alternative methodologies to suggest that the sphere of medicine can hold multiple practices, and women's abilities and methodologies should not be overlooked. For Wharton, addiction and the conveyance of medical products into women's social spheres is a matter for consideration. While women see new authority over themselves and new abilities to treat their own maladies, the results of addiction and a trading-out of autonomy for dependence create situations that require caution. Wharton positions women's increasing autonomy as a process of modernity, but reflects on this process as one that may require restraint. In Gertrude Stein's novel, the gaze of the male medical practitioner comes under consideration, particularly in the ways the gaze damages and disempowers lower class and minority women. Stein's modernist narrative records these women's positions as patients to regain visibility for these subject positions

that have been made invisible in part through male physicians such as those she encounters in medical school during this time.

Women writing before, during and after the turn of the 20th century can begin to help decode the medical environment women existed within and how they navigated various experiences. While the external forces in effect for women such as male medical practitioners, the patent medicine industry, and changing theories of psychology create prevailing narratives, there is little internal evidence of a different, gendered perspective. It is here where this project hopes to intervene, and expose modern women's approaches to literature as ones that create new narratives, re-write medicine's dominant narratives, and shed light on a new record of history.

CHAPTER 1

THE MODERNIST WOMAN'S VOICE: SEEKING AUTHORSHIP THROUGH ILLNESS FOR CHARLOTTE PERKINS GILMAN AND ZELDA FITZGERALD

Zelda Fitzgerald finished writing her novel *Save Me the Waltz* in six weeks, finalizing the draft while at Johns Hopkins University's Phipps Psychiatric Clinic in 1932. The clinic was known for its success under the direction of Adolf Meyer, and Zelda was admitted after unsuccessful stints at institutions in France and Switzerland. Beginning with a nervous breakdown in 1930, her first episode of mental illness, Zelda was institutionalized periodically until her death in 1948. *Save Me the Waltz* is almost entirely autobiographical; it follows Zelda's early upbringing in Montgomery, Alabama, her meeting Scott (in the novel David Knight), their travels in Europe and the birth of daughter Scottie (Bonnie), and eventual return to the United States as Zelda's father falls ill. The novel also outlines Zelda's affair, her ballet practice, her debut in Italy, and a subsequent case of blood poisoning that ends her dancing career, only the last two diverting from her biographical experience.

With encouragement from Phipps resident Dr. Mildred Squires, Zelda submitted the completed manuscript of her novel to Maxwell Perkins, the Fitzgeralds' editor at Scribner's. When Scott found out that Zelda sent the manuscript without his editing and approval, he was irate. He immediately wired Perkins; "Please do not judge or if not already done even consider Zeldas book until you get revised version" (Brucoli *Correspondence* 289). When Scott reached Zelda at the clinic and had the opportunity to read the manuscript, he then told Perkins that it could be published only with his revisions. As he wrote in another wire, "All middle sections must be radically rewritten"

(Brucoli *Correspondence* 290). He told Dr. Squires Zelda's novel would "seriously compromise what literary future she may have and cause inconceivable harm in its present form" (Milford 217). Included in his criticism was the fact that key parts of her novel overlapped with *Tender is the Night*, which was still in progress. The psychiatrists at Phipps were surprised at the vehemence of Scott's reaction. Worse than Zelda's creation of the novel, it appeared, was her sending it to Perkins without his permission; her attempt to enhance her literary career impinged upon his own.⁹

This episode underscores a larger point; Zelda was vying for control of her literary output and authority. The environment of institutionalization provided opportunities for Scott and physicians to police both her mind and her body. At the same time that Scott oversaw Zelda's literary efforts, he was writing tirelessly to Zelda's psychiatrists, discussing her treatment, how it was progressing, when it would be complete, and even his own theories on her illness and how to cure it. Judith Fetterley comments that, "[A]s husband, professional writer and 'sane,' Scott had the right to play the role of editor and authorizer in relation to Zelda's work" (Wood 253). The existence of Zelda's mental illness is not disputed; as all accounts suggest, Zelda most likely had some form of disorder that may exist under a different name today. What is at stake here are the ways Zelda's literary output and persona were delegitimized through the efforts of medical doctors, through the clinical space, and through Scott. In Zelda's novel, she

⁹ Also important to this episode, but a topic which moves a bit afield, is the discussion of Zelda's novel and Scott's as overlapping. Scott had worked for four years on what would become *Tender is the Night*, published in 1934 finally, and felt that Zelda used many of the same anecdotes and episodes from their own marriage. What is also notable to consider was Scott's alcoholism at this point. He had not had the output of his earlier literary days, and Zelda's psychiatrists suggested as part of her treatment that he stop drinking, something also mentioned in this chapter. For further discussion of the overlap in novels, see Milford, who also discusses the publication of some of Zelda's work in Scott's name. For discussion of Scott's alcoholism and its impact on himself and Zelda, see Brucoli, including published letters where Scott attests that Dr. Forel requested that he leave off drinking for a full year, which he refused.

presents herself with an entirely different narrative: a woman who achieves independence, has a physical rather than mental illness, and practices ballet successfully. The novel also portrays a woman who experiences pain and confusion in interacting with doctors and the medical sphere, and represents this environment as one that ignores her voice.

Thirty years previously, Charlotte Perkins Gilman's "The Yellow Wallpaper" was published in *New England Magazine* in 1892. The narrative follows the protagonist as she undergoes the rest cure for "hysterical tendencies." The text explores the narrator's descent into psychosis, as she is given medical treatment by her physician husband and is forbidden to write as part of the treatment; the narrative is structured around her clandestine diary entries. The narrator's physician husband plays an important role as overseer, monitoring the woman patient. Like Zelda, Gilman structures her text around her autobiographical experience, describing her time as a woman patient and constructing her literary voice apart from the identity given to her through medicine.

Zelda Fitzgerald and Gilman represent the figure of the modernist woman who is attempting to create art and narrative through and around the dominant narratives of illness and their status as patients. Both women are captive while in treatment for mental illness, with a husband partially controlling their medical diagnoses and cures. Whether in the late 19th century or in the midst of the modernist period, the woman writer contends with a medical environment that diagnoses them with mental illness, which helps to suppress narrative legitimacy. Scott's complicated involvement with Zelda's doctors and the use of medical treatment and institutionalization keeps the specter of mental illness attached to Zelda's identity as well as revealing a deep-seated anxiety on his part

regarding her authorial persona. In Gilman's case, the figure of the doctor-husband is equally complex. The domestic household blends with the institutional space of medicine, and normality is then conditioned and regulated in the hands of the male physician. The husband and doctor for both texts leverage medical culture and the availability of mental illness treatment to create a dominant identity for these women patients. Instead, both Zelda Fitzgerald and Gilman attempt to reinvent themselves as authorial personas away from their illnesses. As Diane Price Herndl writes of Gilman, Anna O. and the "writing cure," "In becoming a writer, a woman becomes not just a subject but a subject who produces that which is visible....In the male-defined signifying system, the woman, who has historically been the subject *of* literature or the inspiration *for* literature, cannot be the subject-who-writes; thus, in becoming a writer, the woman comes to inhabit a different cultural position, a position which opens new possibilities to her" (53, her emphasis). As Elaine Showalter also comments, women's mental illness does not preclude authentic self-expression: "The frequency with which one encounters madness in the heroines and the lives of women writers suggests that for them it is a form of genuine self-expression, sometimes the only one possible" ("Killing the Angel" 211). While this project is not predicated on the topic of madness, it is an apt comment. The ability to write and revise the subject position becomes a crucial opportunity for the woman patient.

As this chapter argues, Gilman's text stands as an important predecessor to Zelda's life and work, a trajectory of women who use their illnesses as a force to propel their modernist literary art forward and reject a given medical narrative. These authors bookend a period of time for the emergence of the modern woman writer using a first-

person narrative. The connection of Gilman's "captivity" and Zelda's cannot be ignored, and both use the space inside an institution or a space of medical intervention to subvert their experiences of physical and psychological control toward a more positive, creation-centered approach. Rather than internalize the mental and bodily experience of medicine and the conjugation of the domestic and medical scene, Gilman and Zelda show a revisionist perspective, using the treatment space to work toward their artistic personas and narratives. The act of writing reasserts Gilman and Zelda as artists, using their illnesses as a force for creative output to obtain a newly blended identity of writer-artist as well as patient. The subject matter is also important rather than simply the act of writing: Gilman's journal-writing corresponds with Zelda's ballet career and as two activities that stand on their own as markers of identity alongside their narrative experience of illness. Through two works that span the decades of the early century, a new kind of authorship emerges with a distinctive vision of the modernist woman.

While much criticism exists on Gilman's text, certain critics have addressed specifically the topic of medicine and gender. Elaine Hedges, Gilbert and Gubar and Mary Daly's seminal texts in the late 1970s on Gilman begin conversations of patriarchal modes related to historical context, particularly Gilbert and Gubar who "grant [the narrator] a higher form of sanity in her madness" (Golden 74). Cynthia Davis notes in a more recent piece that "The Yellow Wallpaper" can be "interpreted simultaneously yet contradictorily as an attempt, on the one hand, to provide a first-person account of hysteria and, on the other, to bear witness to the disease at some remove and authoritatively document its etiology" (132). Etiology, examining causation and diagnosis, points in the direction of historicism to help understand and reflect on

Gilman's work. Elaine Showalter discusses the woman writer and Virginia Woolf's imperative of creating a kind of androgyny in writing to access both male and female energies and "minds," bringing up treatment for neurasthenia, something Woolf also underwent ("Killing the Angel" 211). Jane Traillkill in her recent article "Doctoring the Yellow Wallpaper," points out that Gilman's reader should be considered as well as the historical moment, which is "marked by the incursion of the literary into the medical, within the nascent discourse of psychotherapeutics" (527). While Traillkill touches on aspects of the patient narrative and the medical shift from somatic theory to narrativity in psychotherapeutics, this project engages more fully with the question of the woman patient's voice and its purpose in the text.

Zelda Fitzgerald has recently brought renewed critical attention in terms of her autobiography, yet there has been little discussion or critical interpretations of her novel. Jacqueline Tavernier-Courbin in a 1979 article attempts to recover Zelda both biographically and critically, as the article discusses Zelda's attempts to gain her own sense of purpose and independence through ballet in the novel, and to reveal Scott's overpowering presence. Simone Weil Davis in an article in *Modern Language Quarterly*, discusses Zelda's status as a woman of leisure, and through this, her role as a commodity. Davis records that the novel "encourages us to view the leisured woman's decorative, metaphoric, and consuming functions as labor" (328). Most closely related to this project is Mary E. Wood's 1992 article appearing in *Tulsa Studies* that considers *Saves Me the Waltz* as an asylum autobiography. Wood works to recover Zelda's novel and additionally frames a connection between ideologies of marriage and medicine. As she writes, in Zelda's novel, "bodily experience [of ballet] is substituted for a suppressed

story of mental illness” in her own life and in Scott’s *Tender is the Night*, which “exposes those representations and the psychiatric discourse surrounding them as dependent upon an appropriation and objectification of female bodies” (247). While Wood discusses the aspects of asylum autobiography and the objectification of the female body, this project focuses on Zelda’s treatment and her relationship with Scott and the function of voice in her novel.

The presence of mental illness provides a stumbling block in perceptions of authors and their narratives. The categorization and difference between insanity and sanity, between the characteristics of depression and psychosis, for example, is an important one for this argument. The disavowal of the patient due to psychosis results, rightly, from an incoherence and abnormality that occurs. Yet in various manifestations of mental illness there is coherence and a significant semblance of consciousness and ability to communicate in a way that cannot be discounted. For both Gilman and Zelda, popular assumptions about mental illness erase the fact that the presence of mental illness does not necessarily render one incompetent or incoherent. The very labeling of mental illness and discussions of insanity refuse women authors credibility, and serve in some ways to discount their personas and creative output. As Mary Wood writes, “[Zelda] feared that, as a woman labeled mentally ill, she played a part in a script written for her by husband and doctor, a script that – fulfilling her fears –has played itself out in novel, case history, biography, and review” (248). Mary Gordon writes of Zelda that “real labor is required to read her without prejudice of one sort or another, to read her not as a symbol of something but as the creator of works of art” (Wood 248). With few exceptions, critics discuss *Save Me the Waltz* in relation to Scott, and rarely does it stand

on its own as having merit or attributed to Zelda as an author with power over her own work.

For Gilman, too, the presence of mental illness is a center of focus.¹⁰ Gilman's work is often limited critically or nullified due to its attachment to categorizations of insanity. Its classification within the genre of the Gothic also serves to limit the author's narrative authority. It could be suggested that Gilman's husband character does not exist, and is actually the physician, the "husband" only a projection of the narrator's desires. This only underscores the point made in this chapter, and instead of invalidating this argument, enhances it. Mental illness is used to undermine the narrator's voice and privilege the doctor's perspective. The importance of this power relationship necessitates examination, as well as the categorizations of mental illness and its work in delegitimizing an author's perspective. There is also a blending of the intimate relationship of the doctor and patient with the intimacy of husband and wife, placing the male in a role of heightened power in terms of the female body. The husband-doctor role is one that is fraught with complexity, something that both Gilman and Zelda explore. The categorization of women authors as mentally insane and in treatment is something this project, in part, seeks to help reassess and explore anew.

Medical History

¹⁰ There has been a significant amount of scholarly work on Gilman's "The Yellow Wallpaper", which is another reason this project will not spend considerable amounts of time in interpreting the story on its own critical merits. The history of the rest cure has also gained increasing amounts of attention, and whole projects have uncovered Weir Mitchell's cure and its relation to 19th century concepts of hysteria and nervousness. This project will also not spend time on the status of Gilman's autobiographical diagnosis, or the historical aspects of nervous illness in the 19th century, beyond a limited amount. Justine Murison, Roy Porter and others have written on Weir Mitchell and the historical aspects.

The trajectory of Gilman to *Zelda* directly follows medical developments in treatment of women's mental illness. In "Why I Wrote 'The Yellow Wallpaper,'" Gilman describes her own experience of "a severe and continuous nervous breakdown tending to melancholia." She underwent the rest cure from a "noted specialist in nerve diseases, the best known in the country," S. Weir Mitchell (*Forerunner* 271). In the decades leading up to the turn of the century, nervous illness was often attributed to women. It is attached to the long history of hysteria, originally defined as caused by and within a woman's uterus. The nineteenth-century medical model continued this trajectory, and indicated a woman's ovaries and uterus determined her state of mind and propensity to nervous disorders (Walter 63). Under Weir Mitchell's direction, the rest cure was elaborate and portentous. It called for the complete confinement of the woman to bed, "iron supplements, malt extract a bottle a day, wine, raw beef, and plenty of butter and exercise without exertion" sometimes through the use of electrical currents (Walter 130). As Walter writes of Weir Mitchell's treatment, "This milieu of the sickroom of the hysteric had to be drastically changed, and the physician should be in complete control regarding visitors. Each day was to be 'prescribed' in detail" (135). In the case of patient Mrs. B, who had a nervous disposition and complained of fatigue, weight loss, dyspepsia, back pain and headache, Weir Mitchell writes, "She was put in bed, and left it for no purpose. At first she was even moved by her maid when she wanted to turn in bed. She was fed and washed by others, and forbidden to read or use her hands, and even to talk" (Walter 130). Men, on the other hand, for the treatment of nervous disorders, were advised by Weir Mitchell to undertake vigorous activity, typically on a cattle ranch in the West.¹¹

¹¹ For further information on men and the treatment of nervous disorders, see Weir Mitchell's *Fat and*

Walter cites that Mitchell was even manipulative in his carrying-out of the treatment for women, using seclusion and his charismatic bedside manner to wrest doubt from his patients.

Neurasthenia, the new version of hysteria, was a uniquely American disease, called “American nervousness,” and coined first by George Beard in 1869. Neurasthenia, and its attachment to the idea of nerves and nerve energy, reached a peak during the last decade of the 19th century, concurrent with Gilman’s narrative. The symptoms, according to Beard and later Weir Mitchell who became famous for treatment of the illness, ran a wide gambit: from headaches, to indigestion, to pain affecting various parts of the body, paralysis, anxiety, depression and fatigue (Beard 58). Beard proposed a theory that neurasthenia was caused by the onset of modernity, and the fast pace of urbanization, which depleted physical reserves of nerve energy, with culprits such as the periodical press, steam power and the telegraph (Walter 112). More importantly, nervous illness was thought to be somatic, not related to the mind, and physicians sought to treat the body to repair damage to the nerves. Particularly for women, the depletion of nerve energy was likened to a woman’s weaker constitution. Neurasthenia was “a highly gendered discourse,” and men and women “became neurasthenic from different sets of causes” (Lutz 31).

After the rest cure was completed, to which Gilman responded well, she was told she should return home, and “‘have but two hours’ intellectual life a day’ and was “never to touch pen, brush or pencil again as long as I lived’”. As she then notes, “I went home and obeyed those directions for some three months and came so near the border line of

Blood (J.B. Lippincott, 1884). Mark Micale in his text *Hysterical Men* works to expose men’s nervous illness and how it was socially defined.

utter mental ruin that I could see over” (*Forerunner* 271). She wrote that she abandoned this directive, and penned “The Yellow Wallpaper.” She sent the story to Weir Mitchell and later wrote that he admitted to friends that he had “altered his treatment of neurasthenia since reading [it].” She added that “It was not intended to drive people crazy but to save people from being driven crazy, and it worked” (*Forerunner* 271). As Gilman herself points out, the narration was not simply a literary one, but one with a purpose of reformation in the field of medicine and the effects of its various treatments upon women. Alexander Black records in *The Century* in 1923 of Gilman’s story, “When the story, as a work of art, came in for many honors, [Gilman] remarked, ‘I wrote it to preach. If it is literature, that just happened’” (Dock 118), though in her letter explaining its publication she notes it is “valued by alienists and as a good specimen of one kind of literature” (*Forerunner* 271).

In the decades after the turn of the century, cures within institutions continued to rely on somatic methods, even while Freudian psychoanalysis became popular. Hydrotherapy was one popular treatment; it entailed wrapping a patient in wet sheets for long periods of time, a continuous bath, or restraining a patient within a bathtub of hot or cold water for as much as twelve hours to relieve the body, or to “shock” the body out of its illness. Electroconvulsive treatment was used for schizophrenia beginning in the 1930s, popularized by Manfred Sakel in Vienna and Ladislaus Meduna in Budapest (Shorter, Healy 21). In 1927, Austrian Julius Wagner von Jauregg won the Nobel Prize for medicine for his work with fever therapy in treatment of psychosis. Jauregg injected patients with a “variety of substances, such as tuberculin, typhus, and malaria; the attendant high fever seemed to reduce the symptoms of psychosis” (Kneeland, Warren

46) The “ultimate” cure for mental illness, also created during the 1930s, was the prefrontal lobotomy, inspired by work at Paris’s Salpêtrière Hospital (Raz 18). In the United States, physician Walter Freeman popularized the lobotomy, a continuation of somatic treatments “seen to amount to ‘active’ treatment, and...conceived within this framework of therapeutic values” (Raz 23). For the severely mentally ill, the schizophrenic or psychotic, somatic cures such as lobotomies allowed the physician control of the patient and a sense of accomplishment as the patient was rendered completely passive, drawing out the offending illness from the body. If “the seat of mental illness was located in the frontal lobes, without them psychosis would not be possible” (Raz 40). Somatic and localization therapeutics were hallmarks of later theorizing’s implementation.

Despite her diagnosis of schizophrenia, Zelda underwent treatment in the early 1930s without any methods of somatic therapy, in Europe or the United States. In her first sustained clinic visit after a breakdown in 1930, Dr. Oscar Forel agreed to see Zelda in Switzerland and told the Fitzgeralds he would only treat Zelda with psychotherapy. Paul Eugen Bleuler pronounced that Zelda was “neither a pure neurosis (meaning psychogenic) nor a real psychosis...she may improve...never completely recover” (Milford 179) but did not recommend treatment beyond that of the help she was then receiving from Dr. Forel. One of her treatments while in Switzerland was to “write out a summary of the way she felt about her family and herself.” While the progressive tendencies of those like Bleuler and Forel gave Zelda freedom from the restraints, literally, of popularized somatic treatment, her institutionalization still demanded captivity.

Gilman's "The Yellow Wallpaper": Patient Experience and Narration

In Charlotte Perkins Gilman's "The Yellow Wallpaper," one couple comes to stay for a summer at a "colonial mansion" (647). Immediately, the narrator makes the suggestion that the house is haunted, "Else, why should it be let so cheaply?" to which her husband "laughs...of course, but one expects that in marriage" (647). The narrator then notes that her husband is a physician, as is her brother. Her husband "has no patience with faith, an intense horror of superstition, and he scoffs openly at any talk of things not to be felt and seen and put down in figures" (647). The connection is immediately made between her husband, the rational, scientific man, and the woman who is less serious, namely in the fact that she believes in spirits. Gilman begins the narrative with the man of science laughing at the beliefs of the irrational woman, undermining her identity as well as their relationship. Her opening comment, however, is not irrational, followed as it is by the rationally logical questioning of why such a "colonial mansion" should be rented at an inexpensive rate. The husband's laughter at the opening of the narrative suggests inattentiveness in addition to discrediting based on his assumptions of gender and illness and the diagnosis which has already been made.

The narrator's husband-physician believes in a diagnosis of hysteria. The narrator is told she has "temporary nervous depression – a slight hysterical tendency" (647). The portrayal of hysteria or nervous illness in the text, while aligned with common diagnoses of the late 19th century, is also placed within a Victorian conception as it is related in this narration to domesticity. Carroll Smith-Rosenberg traces hysteria to its origins as an illness of the Victorian period and emotional conflict, borne of women who were shaped as girls to be the True Woman "emotional, dependent, and gentle" and also the Ideal

Mother (199). The Ideal Mother came with a burden that Victorian women were not prepared for, and did not cohere with the elements of True Womanhood. “Physicians reported a high incidence of nervous disease and hysteria among women who felt overwhelmed by the burden of frequent pregnancies, the demands of children, the daily exertions of housekeeping and family management. The realities of adult life no longer permitted them to elaborate and exploit the role of fragile, sensitive, and dependent child” (Smith-Rosenberg 199). Gilman’s narrator describes a similarly reshifted domesticity through illness, as the mother’s duties have been completely removed, their child cared for completely by someone else. Even more so, the rest cure’s strict regimens meant there was constant attention on the patient, giving precedence to the doctor-patient relationship rather than the mother-child but serving to infantilize the woman, allowing her to return to Rosenberg’s conception of the “fragile, sensitive and dependent child.” Gilman’s husband/physician suggests a collapse of the distinction of domesticity and the outside world of the physician in the case of nervous illness, allowing the physician to attempt to revive and restructure the damaged domestic environment, given power over both the sickroom and the domestic relationship. In his role as reviser of domesticity, he alternately works to bring back his wife into her normal duties, but in doing so, further damages their relationship in his creation of her as the “useless” immobile and infantilized child.

Gilman as patient is never given a concrete diagnosis or confirmation of illness. Though the language of “nervous depression” and “hysterical tendency” is used, the narrator notes from the opening page, “If a physician of high standing, and one’s own husband, assures friends and relatives that there is really nothing the matter with

one...what is one to do?" (648). As the narrator also confirms, "You see, he does not believe I am sick!" (648). Though it may appear on the surface as a mechanism to calm his wife, it may alternately be seen as the absence of illness. As the narrator continues, "My brother is also a physician, and also of high standing, and he says the same thing" (648). Both the narrator's physician husband and brother use a blankness of positive prognosis, which suggests a question of whether an illness is present. The narrator describes it variously as melancholia, hysteria, nervous prostration, hysterical tendency, and temporary nervous depression. The variability of the labeling suggests again an absence of illness as well as a missing factor: the narrator herself. The narrator herself only voices denial: of John's being a physician, she notes "*perhaps* that is one reason I do not get well faster" (648). Particularly at the beginning of the narrative, there is no confirmation of symptoms from others or a first-person confirmation of her own symptoms. Instead, the narrator believes "congenial work, with excitement and change would do me good" (648) and desires "less opposition, and more society and stimulus" (648). There is no reference from the patient herself that she feels ill. This would normally be the first sign of illness – a confirmation from the patient of symptoms. Without this confirmation, particularly as the narrative is in the first person, the diagnosis appears only from the outside, and at that, is questionable.

Gilman's narrator reveals a prescriptivist and controlling domain of the sickroom, where the patient cannot move or interact socially. Historically, the woman's body remains the central focus for treatment of mental illness during the late nineteenth century. There is a control evident even through the administration of popular treatments: by securing the confidence of female patients in the male realm of medicine, women are

subjected to the whims, and bizarre cures, at the hands of these “knowledgeable” men, including complete immobilization in bed, prohibited from moving or talking. The arrested movement of the body is a sign of the necessity of control exerted by physicians. The narrator describes the extensive rigor of her treatment, which entails “phosphates or phosphites – whichever it is -, and tonics” and that she is “absolutely forbidden to ‘work’ until I am well again” as well as “a schedule prescription for each hour in the day” (648). The notion that she is unaware even of the mechanisms of her treatment, as the “phosphate, phosphite” language reveals, enforces the husband-physician’s control, a removal of patient knowledge, and his insertion into both diagnosis and physical enactment of the cure. The schedule also refers to the restrictive manner of care and the regimented treatment of the rest cure. The narrator here exists as though within the scientist’s laboratory, a veritable mouse in a cage for observation. Catherine Golden refers to hysteria and a Freudian reading of the narrator’s psychosis at narrative’s end, “The body of woman is hystericized as the uncanny – defined by Freud as the sight of something that should remain hidden; typically the sight of her genitals” (95). Of the ending, Golden suggests the narrator’s creeping on all fours returns to an animalistic quality, and “she is all body, an incarnation not only of hysteria but of male fears about women” including castration (95). While Golden’s response links to a more classically Freudian interpretation, the medical processes of the 19th century may be read here in a similar way. The physician leverages medical treatments to assuage fears of female movement, and restricting women to a bed points both to sexuality and childbirth but is reimagined as a medical treatment, directly replacing one with another. It is not coincidental that the site of the rest cure is a bed, the place of the sick patient in addition

to the site of sexuality and birth, all of which become the province of the physician at the turn of the century.

In Gilman's case, the patient is given no input and is expressly told not to speak or write, removing any narrative capabilities. After Gilman wrote a long letter to Mitchell detailing her symptoms, "[Mitchell] found utterly useless the long letter she had written to him detailing her symptoms; that she should imagine her observations would be of any interest to him was but an indication of her 'self-conceit,' he advised her" (Thrailkill 526). The wisest patients, Mitchell wrote in his text *Doctor and Patient*, are the ones who ask the fewest questions (48). In Gilman's text, John "scoffs" at any "talk," particularly discussion of things that are not visible (647). "He says that with my imaginative power and habit of story-making, a nervous weakness like mine is sure to lead to all manner of excited fancies, and that I ought to use my will and good sense to check the tendency. So I try" (649). Gilman presages the same distaste and condescension that Scott makes visible in his comments on Zelda's treatment. In writing or speaking, Gilman's narrator reveals an imaginative power that threatens her husband/physician and the hierarchy imposed through medicine. Helen Horowitz notes of Gilman's biographical experiences, "[Husband] Walter's friend, a local physician schooled in the older practice of "moral treatment" spoke to her regularly and attempted to strengthen her will against her emotions" (Horowitz 118). Emphasis is placed on submission and removal of unacceptable things such as imagination and emotions, or even willpower. The threat of emotional or cognitive release is twofold. If the narrator is healthy, her imaginative thinking will lead her away from her husband and his authority. If her mind appears

unhealthy, her narrative will be irrational through insanity. In either scenario, as Gilman makes clear in her text, the physician gains the upper hand.

Based on the autobiographical qualities of Gilman's story and her stated purpose in creating it, Gilman's narrative is one that accesses directly the patient's perspective and brings it to the reader. As she notes in the beginning of the narrative, "(I would not say it to a living soul, of course, but this is dead paper, and a great relief to my mind)" (2). This brings up a complex understanding of author and audience, as well as a deeper questioning of narratives themselves as alive or dead. Obviously, Gilman's objective is to circulate her narrative, and she is aware of the audience to which she writes, rather than only the "dead paper." This recognition of a signified or false type of writing, writing only to paper, reinforces the necessity for narrative and the undoing of restriction that the woman patient faces. This project has been predicated on the existence of the woman patient, and I wish to read this text as though Gilman were fully aware of creating a subjectivity of the patient who is aware of the outside world of readership rather than a signified form of text. Creating the narrative allows her own space for her own perspective that will be distributed, and is necessary to her purpose.

Gilman's living narrative placed onto dead paper that will be distributed acts to juxtapose the concepts of life and death and how her narrative should be seen. The connection of living and dead is present with Gilman's subject of medicine, as is the fact that she writes of her living body. As Julia Kristeva discusses of the dead body and the abject, "It is something rejected from which one does not part, from which one does not protect oneself as from an object" (3) Gilman's living narrative, placed onto dead paper, still lives on. Gilman uses the narrative location to shift attention away from the body and

onto the paper. A rejection of the body as a site of narrative pushes it onto the dead paper, from which she can never be divorced, and as a site that has more productive value than the current situation, of the doctor's prerogative over the body. Either method reveals the woman patient's perspective as well as the importance of the written words.

Gilman records the woman patient's own experience away from that of a physician. Her psychological illness and treatment are outlined in *The Living of Charlotte Perkins Gilman* and details what she calls "The Breakdown." With a growing instance of what she describes as melancholia, Gilman notes that "a new disease had dawned on the medical horizon" called "nervous prostration" (84). The debilitating effects of mental illness caused Gilman, "ceaselessly industrious" to "do no work of any kind" (91).

I was so weak that the knife and fork sank from my hands – too tired to eat. I could not read nor write nor sew nor talk nor listen to talking, nor anything. I lay on that lounge and wept all day....I went to bed crying, woke in the night crying, sat on the edge of the bed in the morning and cried - from sheer continuous pain. Not physical, the doctors examined me and found nothing the matter (91).

Outside of the narrative, Gilman's true experiences reveal actual symptoms, which she tries to resolve. Yet in fictional narrative, she is without symptom. When Gilman sought out the help of S. Weir Mitchell for a cure, she was diagnosed quickly. "This eminent physician was versed in two kinds of nervous prostration; that of the business man exhausted with too much work and the society woman exhausted from too much play. The kind I had was evidently beyond him. But he did reassure me on one point – there was no dementia, he said, only hysteria" (95). Weir Mitchell's diagnosis seems at once confident and ignorant. When other physicians could not come to a conclusion, Mitchell's immediate categorization of illness speaks less to his accuracy than to assumptions of clinical diagnosis. After seeing Mitchell, Gilman returns to California,

and notes that the next four years “were the hardest of my life” (98). In 1887, Gilman (then Stetson), separated from her husband Charles Walter Stetson. The couple mutually agreed upon the separation based on the incidence of her illness. “If I had been of the slightest use to him or the child, I would have ‘stuck it,’ as the English say. But this progressive weakening of the mind made a horror unnecessary to face; better for that dear child to have separated parents than a lunatic mother” (97). Gilman’s “fear of insanity was not fulfilled” following the separation. However, Gilman believes she did suffer from some illness that continued to plague her, and wrote that “the effects of nerve bankruptcy remain to this day.” As she concludes, “So much of my many failures, of misplay and misunderstanding and ‘queerness’ is due to this lasting weakness, and kind friends so unfailingly refuse to allow for it, to believe it, that I am now going to some length in stating the case” (97). Gilman’s notation in her autobiography that she was never cured and sought to create awareness for her experience of mental illness contributes to her record as a patient. The sense of never receiving a cure accords with “The Yellow Wallpaper,” in the vague and changeable diagnosis given by physicians in the text.

Gilman’s voice shifts from spoken word, in dialogue, to the silence of words only on the page. In the opening, the narrator writes in her diary and continually converses with John, his sister and others. Yet the narrator’s voice is increasingly absent as it continues on. The narrator as patient begins to absorb husband John’s diagnosis, and as her discussion of the wallpaper increases, so does her confirmation of the diagnosis she has been given. “I cry at nothing, and cry most of the time,” the narrator writes, and “Half the time I am awfully lazy, and lie down ever so much” (651). The emphasis on activity and

agency, and control over her affective interior seems to decompensate and weaken as the narrative moves forward, toward the moment of breakdown by the narrative's end. The emphasis that Gilman presents on the body, to "lie down ever so much" signals a mental retreat. The cure appears to have a kind of telos, as it circles back to itself, a prognosis that is self-fulfilling. What John has diagnosed as "temporary nervous depression" appears to manifest itself under the control of his directives. Where the narrator had no signs or symptoms of illness previously, as the narrative progresses, symptoms appear through the treatment itself. In the ending scenes, the dialogue is set within the narration so as to seem inside the head of the narrator, rather than voiced conversation.

In the text, John's surveillance of his patient continues to increase. The patient lying in the bed, which is nailed to the floor, links to his own anxieties. "[H]e said that I was letting [the paper] get the better of me, and that nothing was worse for a nervous patient than to give way to such fancies" (649). Gilman's narrator repeats "John says" or "He said," pointing to the husband/physician's voice attempting to cover the patient's subjectivity, even intruding in her private journal. Ostensibly, the words "John says" are repeated in her private writing, and reinforces his intrusion in a private space. As the narrator also notes, "I'm sure I never used to be so sensitive. I think it is due to this nervous condition", and "It is getting to be a great effort to think straight. Just this nervous weakness I suppose" (652). In the text's opening, there is contempt for John's position as doctor, and a blame for the narrator's condition as created by him. Yet as the diagnosis becomes internalized, the narrator begins to believe it herself, recording this conviction within her own writing.

The wallpaper is important, naturally, to this discussion. The wall is the only thing

within the viewpoint of a woman patient trapped in a bed, and this is what both authors choose to focus on. Gilman's wallpaper assumes a monstrous appearance, and more of a physical, creaturely aspect. Zelda creates a simile of an album and pages of the album falling one after the other as she stares at the wallpaper. Both narratives, however, draw attention to the patient's subjectivity, as they stare from a bed to the wall. This allows for the reader to direct their attention to the patient's subjectivity. What the patient sees, the reader sees. For Gilman, this is made even more significant via the fact that the narrator uses a first-person technique. In this way, we are made aware to a further extent that it is a patient describing her own experience, and an experience where she is trapped without recourse.

For Gilman, the wallpaper creates images within her mind, and she attempts to voice her worries about the wallpaper, and her treatment. Yet as she notes, John dismisses this: "He laughs at me so about this wall-paper!" (649), a repeated act from the narrative's opening. Gilman begins to see the woman creeping across the wallpaper, and begins to tear it down to get to the woman inside. The narrator writes in her journal to introduce the woman, who "gets out in the daytime! And I'll tell you why – privately – I've seen her!" (654). She notes that she is speaking privately to her audience, away from John's influence. The moment of psychosis in the midst of treatment reveals a change from normality to insanity, but the internal thoughts that Gilman uses reveal the patient's perspective of captivity and a continued sense of normality, as well as her status as ignored by the physicians, keeping the patient placed in a status of discomfort.

In the midst of the narrator's creeping in Gilman's text, a new freedom comes about. "It is so pleasant to be out in this great room and creep around as I please!" (656).

Despite existing in the midst of a kind of psychosis, there is still an attachment to her treatment and an awareness that its rules have been broken. She has gained freedom within her mental illness. It also continues a revision of the categories of sanity and insanity. Further redefining the idea of insanity and Gilman's narrator's "break" from reality, the narrator is lucid as she throws the key out of the window, which John must retrieve. He must be silenced himself so he can listen to her directions to retrieve the key.

John dear!" said I in the gentlest voice, 'the key is down by the front steps, under a plantain leaf!' That silenced him for a few moments. Then he said—very quietly indeed, 'Open the door, my darling!' 'I can't,' said I. 'The key is down by the front door under a plantain leaf!' (656).

After this moment, the narrator "said it again, several times, very gently and slowly, and said it so often that he had to go and see," and John finally gains entrance to the room (656). This moment of clear communication in the midst of the narrator's supposed psychosis provides important commentary. The patient gains some influence in John's consciousness, but it is at the cost of the narrator appearing in a psychotic state. John must do the simple act of listening to directions. Gilman's narrator finds her own freedom at a significant cost, in being stripped of her own sanity, and in losing John's conviction as he faints at her feet in the final scene.

Gilman forges a pathway for the captive wife to reveal her experiences and persuade her readers of the reality of her experiences through writing. Gilman finds in herself a voice that no one else would seem to listen to. The narrator notes in "Yellow Wallpaper," "I think sometimes that if I were only well enough to write a little it would relieve the press of ideas and rest me" (649). Gilman's narrator finds this reflection vital, and it acts as a powerful antidote – at first – to her surroundings and suffering. Alice James, brother to Henry and William, noted as a diarist, herself turned to writing to

understand her psychiatric condition some years after the administration of the rest cure. “I think that if I get into the habit of writing a bit about what happens, or rather doesn’t happen, I may lose a little of the sense of loneliness and desolation which abides with me...so here goes, my first Journal!” (Golden 33). While Gilman remained mystified by the origin and meaning of her own nervous breakdown, in fiction she retained control, a narrative distance, using the power of writing to assuage the effects of mental disorder. “Fiction empowered her to rework sickness into art” (Berman 235). Writing about her illness gives her a kind of diagnostic power, the ability to act as her own physician, and put down to paper that which she was unable to express to doctors or those close to her. The ability to diagnose and treat through writing lends more credence to the abilities of a writer to work around and through her illness, to gain clarity and perspective.

Modernist Moment: Zelda’s Treatment

Zelda’s time at the Phipps Clinic follows a lengthy period of treatment at various institutions. In 1930, Zelda first entered a hospital called Malmaison in Paris, only remaining a number of weeks before leaving suddenly against her physician’s advice (Milford 158). Shortly after, she entered Valmont in Switzerland, where Dr. Forel, considered the best in matters of psychotherapy, began treatment. Forel diagnosed Zelda as schizophrenic, rather than “simply a neurotic or hysterical woman” (Milford 161). When Zelda arrived at Prangins for treatment under Forel, she stated that she “wished to be cured and that she would cooperate with the doctors” (Milford 162). Judge Sayres, Zelda’s father, wrote to Forel that there was no history of insanity in the family and “Zelda’s childhood had been entirely normal” (Milford 162). When these treatments

ended, and Zelda and Scott returned to the U.S., her second period of nervous illness came about. At this point, it was decided Zelda should be admitted to the Phipps Clinic in 1932. In June 1932, after her stay at Phipps, Zelda was discharged and *Save Me the Waltz* was published in October. In 1934, after a third breakdown, she enters Sheppard-Pratt Hospital outside of Baltimore, followed by Craig House clinic in Beacon, New York, and then back to Sheppard-Pratt Hospital, all in 1934. In 1936, she was admitted to Highland Hospital in Asheville, North Carolina, where she stayed intermittently until 1940, the year of Scott's death. She could not attend Scott's funeral. By 1943, she returned to Highland and worked on a last novel, *Caesar's Things*, while checking in and out of the hospital. On March 10, 1948, a fire broke out in the kitchen, and Zelda was locked in a room, awaiting electroshock therapy. Nine women died in the fire, including Zelda (Milford 382).

Scott corresponded many times with each of Zelda's overseeing physicians, and visited Zelda at each of the institutions. When Zelda resides at Valmont with Dr. Forel, Scott notes the hospital is "somewhat like a hotel" (Brucoli *A Life* 203). He writes in a letter to his editor Harold Ober that "I figure I've written about 40,000 words to Forel (the psychiatrist) on the subject of Zelda trying to get to the root of things" (Brucoli *A Life* 201). Forel wrote in his own notes, "It became more and more clear that a simple rest cure was absolutely insufficient and that psychological treatment by a specialist in a sanitarium was indicated" (Milford 159). Scott appears distrustful of psychiatric treatment, and he refuses Zelda's doctors multiple times to enter therapy himself or quit drinking, at the least (Wagner-Martin 166). Following publication of the "The Crack-Up" in 1936, he writes to a fan in response to her suggestion also to seek treatment:

I don't want to minimize my respect for any of these by saying this: but the fact remains that I never even faintly considered putting the high organized thing which I will refer to as my talent into *their* hands. I would never consider trusting myself to what passes for psychology-psychiatry in this country. How could someone not up to your *ankles* in intelligence + character help you. By some miracle? Some act of God? I will go to a mechanic for a fault in a machine, to a surgeon for a fault in the body, but the mind—That's another story (West 62). Whether it was Zelda's apparent symptoms of mental illness or Scott's idea that it was somehow safer for Zelda than himself, Scott appears to believe he does not need any kind of treatment. This further reflects his opinion of the necessity for Zelda to be treated as a patient rather than a writer. In his own case, his mind and his abilities as a writer were things not to be touched by even a trained psychiatrist, something too valuable for someone lacking in intelligence and character. For Zelda, however, her mind and talent are not above the help of that same psychiatrist.

Scott launches his own medical theories about Zelda's diagnosis. Scott writes to Dr. Forel with several long discussions regarding his thoughts on the matter. One long letter in January of 1931 frames his ideas about Zelda specifically:

After this afternoon I am all the more interested in my own theory...A first year medical student could phrase it better than I, who am not sure what a nerve or a gland looks like. But despite my terminological ignorance I think you'll see I'm really not just guessing. I am assuming with you and with Dr. Bleuler that the homosexuality is merely a symbol – something she invented to fill her slowly developing schizopenie [sic]. Now let me plot the course of her illness according to my current idea. (Brucoli *A Life* 204).

As in previous letters to Zelda's doctors, Scott positions himself and Zelda from a writer's point of view. Using the terms "symbol" and "plot" draw direct relationships between his creative output and his actual person. More notably, he declares that he will "plot" the course of Zelda's illness, effectively telling Zelda's doctor the "story" of her life. This instance positions Zelda's illness with his own ideas as well as coinciding with the narrative of medicine to determine her identity. Zelda's own narrative is missing from

Scott's letter. The distinction of Zelda's illness and not Scott's points to a dissociation from reality in terms of the creative life and output of both Scott and Zelda.

Scott charts out in a literal manner notes about Zelda as though from a doctor's perspective. He creates categories alongside descriptions in his letter to Forel. "Age 15-25" includes "nervous habit[s]" and in a shorthand manner, "First appearance of definitely irrational acts (burning her old clothes in bath-tub in February 1927, age 26 years, 7 months)" (Brucoli *A Life* 204). Beside the category "Age 28-29 ½" he writes "First mention of homosexual fears August 1928. This coincides with complete and never entirely renewed break of confidence with husband" (Brucoli *A Life* 204). Placing himself in the third person, Scott poses as a clinician, diagnosing Zelda's symptoms and the onset of each new attribute of her illness. He then inserts his own theory of the reason behind these symptoms:

Now I want to interrupt the sequence here to insert my idea. The original nervous biting, followed by the need to sweat might indicate some lack of normal elimination of poison. This uneliminated poison attacks the nerves. ... (Isn't there an especially intimate connection between the skin and the nerves, so that they share together the distinction of being the things we know least about?) Suppose the skin by sweating eliminated as much as possible of this poison, the nerves took on the excess – then the breakdown came, and due to the exhaustion of the sweat glands the nerves had to take it all, but at the price of a gradual change in their structure as a unit" (Brucoli *A Life* 206 original underline). His theory begins to conclude by saying, "I can't help clinging to the idea that some essential physical thing like salt or iron or semen or some unguessed at holy water is either missing or is present in too great quantity" (Brucoli *A Life* 206) and that Zelda requires "disintoxication." Scott collapses the mind and the body into one, revealing that the actions of the body can be connected to the actions of the mind. His theorizing on nerves as related to sweating, which provides a connection to Zelda's own emphasis on

sweating during her ballet practice in the novel, links a physical, bodily reaction to the cause of Zelda's mental illness. Scott's urging for Zelda to "sweat out" her illness also correlates to somatic therapies in vogue for mental illness. These treatments of the 1930s, in the midst of the modernist period, point to Scott's and many doctors' belief that control of the body equals control of the mind. Despite the appearance of Freudian psychoanalysis at the same time in the U.S., Scott's idea here aligns with the somatic theorizing of many physicians at this moment. This provides evidence of the trajectory that begins with Gilman's text, the emphasis on the body as the site of disease, and the manipulation of the woman's body as cure. In a portion of the letter titled "My Conclusions" he reiterates discussion of "real sweating" and ways to achieve this. "I know this is difficult but couldn't she take intensive tennis lessons in the spring or couldn't we think of something? Golf perhaps?" (Brucoli *A Life* 207). Scott acts as part physician, part author, narrativizing his own portrayal of Zelda's illness and the eventual resolution to this "plot."

As long as Zelda is within the purview of medicine and under care of physicians, her identity remains aligned with a conception of a patient rather than that of a writer. Scott writes that he was not given proper say and authority over Zelda. "All I ever meant by asking authority over her was the power of an ordinary nurse in any continental country over a child; to be able to say 'If you don't do this I shall punish you.' All I have had has been the power of the nurse-girl in America who can only say, 'I'll tell your Mama'" (Brucoli *Correspondence* 307). Scott reverses his position, scaling down his authority. Where previously he asserted himself as more knowledgeable than a physician, in this instance he refers to himself as a nurse, someone qualified only to oversee Zelda's

basic care. The paranoid discussions of his own sexuality and his marriage with Zelda and sexual relations within their marriage also emphasize anxiety regarding his role in Zelda's treatment and fear of Zelda's representations of their marriage. The inconsistency and tension within his own feelings of responsibility point to insecurity, but continue the medical analogies for Zelda's care. Scott's approach to Zelda's medical care formulates himself as knowing the best course of treatment for his wife and seeking control of her on his own and simultaneously despairing over the best solution for her illness. His insertion into the process of her treatment does remain consistent, however, as is his insistence that Zelda remain a patient.

It is not coincidental that Scott's attempts to influence Zelda's diagnosis and treatment are followed shortly after by his angry response to Zelda's manuscript submission of *Save Me the Waltz*. In sending the manuscript, Zelda bypasses his authorial role and works to create herself as an independent author. As Scott's letter to Scribner's attests, Zelda's novel has considerable overlap with *Tender is the Night*. He declares that Zelda's action upset him "First, because it is such a mixture of good and bad in its present form that it has no chance of artistic success, and, second, because of some of the material within the novel.... key anecdotes upon which whole sections of my book turn" (Brucoli *A Life* 209 original underline). As Linda Wagner-Martin writes, "His anger at Squires was rooted in the fact that he was paying them to care for Zelda, and not to foster her writing, which, he implied, embarrassed him" (156 Brucoli, *Epic Grandeur* 317-24). Scott's main concern is his perception of Zelda's encroachment onto his creative territory and *Tender is the Night*. It is Zelda's voice itself, and her bypassing of his editing and approval, which presents the biggest conflict.

With *Save Me the Waltz*, Zelda had the opportunity to publish a major work and her first novel. Previously, Zelda had written only reviews or short stories. However, as early as 1922, Zelda received offers to write pieces for magazines, and a number of pieces stand as solitary work of her own, culminating in *Save Me the Waltz*. Throughout, Scott used dialogue directly from Zelda, either in person or in his writing, some of which are pieces written by Zelda and published in Scott's name (Keats, Cline iv). *Save Me the Waltz*, then, becomes an even larger threat to Scott's public persona, as it threatens to undermine his spotlight as a writer or expose some of his practices of "borrowing" material. In her review of *The Beautiful and Damned* as far back as 1922, Zelda discusses Scott's lifting of her own ideas or dialogue. "It seems to me that on one page I recognized a portion of an old diary of mine which mysteriously disappeared shortly after my marriage, and, also, scraps of letters which, though considerably edited, sound to me vaguely familiar. In fact, Mr. Fitzgerald—I believe that is how he spells his name—seems to believe that plagiarism begins at home" (Petry 20, "Friend Husband's Latest"). While this may be viewed in jest, it exemplifies the conflicting and tenuous relationship between Scott and Zelda. Zelda's abortion is another example of Scott's direct impact upon her physically. In 1921, when Zelda found out she was pregnant again after Scottie was born that same year, Scott "obtained the necessary pills" and they "booked into an anonymous hotel until the bloody business was over" (Mackrell 168). As Mackrell notes, "Zelda's doctors later believed that the shame and loss had lodged deep inside her." Scott wrote in one of his notebooks, "His son went down the toilet of the XXXX hotel after Dr X- Pills (Mackrell 168). Scott relies on Zelda for his material, while suppressing it from her own hand. As Princeton friend Lawton Campbell wrote, "I have seen Scott jot down

Zelda's remarks on odd pieces of paper or on the back of envelopes and stuff them in his pockets. At times, his pockets were fairly bulging with her bon-mots and bits of spontaneous observations" (Campbell). Each of Zelda's institutions is an opportunity for Scott to take advantage of the replacement of himself by a doctor as an interchangeable method of power. The necessity of Zelda living in each institution away from Scott underscores this, as each physician created a new kind of domestic situation with Zelda, one that had as its basis medical authority. Recalling Smith-Rosenberg's discussion of hysteria and the Victorian household, the doctor's intrusion within Zelda's treatment shifts the domestic situation into one that privileges the husband-physician. Zelda would often talk to each of her doctors about her relationship with Scott and its tensions. While Scott could control Zelda only so much in their day-to-day life, within an institution the doctor assumes control and creates a space where Zelda had no choice but to submit to the will of the doctor, based as it was on the assumption that it was for Zelda's benefit.

Scott worked with Maxwell Perkins to finalize *Waltz's* eventual publication in 1932. As Scott writes to Perkins after editing and close to the novel's release, "If you like it please don't wire her congratulations, and please keep whatever praise you may see fit to give on the staid side....I'm not certain enough of Zelda's present stability of character to expose her to any superlatives. She is not twenty-one and she is not strong, and she must not try to follow the pattern of my trail which is of course blazed distinctly on her mind. 2) Don't discuss contract with her until I have talked to you" (Brucoli *A Life* 217). The comment that Zelda cannot "withstand" praise for her novel seems an insidious comment on Scott's part. His note that Zelda may want to "follow the pattern" of Scott's trail "blazed distinctly on her mind" provides insight into the way he considers her

written work, as something she should not think of too highly so as not to believe she could have an equivalent career. Scott also discounts her work as something that could not stand on its own, based on her illness. Forbidding Perkins to congratulate Zelda places her illness above all else as the guiding element of her personality. Beyond this, the degrading of Zelda's work in order to sabotage her authorial career signals the fragility of Scott's own ego. With considerable editing, changing of the male character's name from Amory Blaine to David Knight, and reduction of some of the "blind unfairness" of the novel, it was finally published.¹² In an interview with Phipps psychiatrist Dr. Rennie at La Paix, Scott again plays the role of "authorizer" as the two have a continuous spat despite Dr. Rennie's supervision. To his accusation that she is 'a useless society woman, brought up to be that,' Zelda asks what Scott would like her to be, and his answer is, 'I want you to do what I say'" (Wagner-Martin 170). Mary Wood links Scott's behavior toward Zelda with *Tender is the Night*: "The kind of collusion between author-husband and psychiatrists that *Tender Is the Night* portrays was lived by Zelda Fitzgerald. The agreement between Forel and Scott Fitzgerald to discourage her from dancing is one example of this collusion" (253).

In *Tender is the Night*, Nicole Diver's husband is a psychiatrist and she his patient. Dick Diver agrees to take on a lifetime of his patient's care when he marries her. Scott appears to repeat this situation in his life, believing Zelda the patient to which he will always owe his care. Interfering in her medical treatment also allows Scott to directly interfere with Zelda's chances at publication. Both indicate the necessity of keeping Zelda in captivity and continuing the portrayal of Zelda as a patient instead of writer. It is

¹² As Matthew Bruccoli and others note, the original draft of the novel that was written earlier in the year in Phipps Clinic has been lost.

Scott's own conceptions of illness that he pushes toward Zelda's physicians, and his own conceptions of what Zelda's written work should be that he pushes onto Perkins. In doing so, Scott succeeds in altering the finished product of Zelda's novel available to the public.

Zelda's Novel

In *Save Me the Waltz*, Zelda is able to express a point of view hidden in the public persona of her marriage and reputation. Even in its edited form, it reveals a subtle rebellion. Her voice is heard for the first time in a lengthy manner and describes the woman patient's experience as well as reclaiming her body through the practice of ballet. Despite her diversion from autobiography, which results in a novel that shows her life as she would have wished it rather than what it was, the novel reveals important clues to her own private experience of medicine as well as reconfiguring her position of control.

Zelda's own treatment and stay in the hospital corresponds with Gilman. As Zelda writes to Dr. Forel in a letter,

If you do cure me what's going to happen to all the bitterness and unhappiness in my heart? It seems to me a sort of castration, but since I am powerless I suppose I will have to submit, though I am neither young enough nor credulous enough to think that you can manufacture out of nothing something to replace the song I had" (Wood 252).

Though Zelda seems to sarcastically desire the "bitterness and unhappiness" to remain, she uses the word "castration" as well as noting that she is "powerless." These can be linked to Gilman's formations and experience as a woman patient. As Gilman also appears to show in an even more physical manner, there is a powerlessness present in treatment, in being forced to limit physical movement and thought. Zelda's treatment limits her to the space of the institution, repeated many times. While not confined to a

bed, the representation of confinement is strikingly similar, as is the representation of cure, which provides only limited abilities to the patient. Zelda's "song," which she codes as normality, is an apt analogy for voice, something that has been taken away. The doctor cannot "replace" this song, or give her back the voice she once had. As with Gilman, both authors view treatment for mental illness as a device that removes all sense of voice and normality.

It is through written narrative that Zelda, like Gilman, reproduces her voice. As the first line indicates, the novel's purpose points to transgression and Zelda's own positioning as pushing boundaries: "Those girls,' people said, 'think they can do anything and get away with it" (1). The scene is Zelda's childhood home of Montgomery, Alabama. As with Zelda's autobiographical life, the Beggs family is a prominent one in the novel and exists under their father's watch as the stern judge named Austin Beggs. When sister Dixie's beau Randolph dies while serving in the military, Dixie "screamed in hysterics," "I hate being alive!" to which Austin Beggs asks wife Millie to call the doctor, noting that "I cannot put up with this emotional nonsense any longer" (14). As with the transgressive acts of the women of the family, the girls' hysterics is something Austin Beggs will not tolerate, and lumps the women of his family (and all women) as given to emotional outbursts suggestive of insanity. In addition, Beggs, like many men, relies on medicine to solve the women's outbursts. Zelda's women characters from the outset are placed in a category of insanity, and implicate men as in control of the familial situation. While daughters in the novel respect Austin Beggs, including Alabama, there remains the idea in Austin's strictness that male control is centered on corralling and controlling women whose personalities could so easily swing out of control.

The idea of domestic control through the male of the household seems to transfer from father to husband early in the novel. When Alabama and David Knight are married, David Knight is revealed as self-centered, without regard for Alabama's well-being, focused on expanding his budding career, but also molding a careful image of himself with Alabama.

“David David Knight Knight Knight, for instance, couldn't possibly make her put out her light till she got good and ready. No power on earth could make her do anything, she thought frightened, any more, except herself. David was thinking that he didn't mind the light, that Alabama was his bride, and that he had just bought her that detective story with the last actual cash they had in the world, though she didn't know it” (42).

Rather than underlining Alabama's childish personality, the sing-song quality in repeating his name and rhyming instead focuses on the language and the aim of the repetition, David himself. It is an egotistical repetition that cancels out Alabama's presence. The reader can imagine Zelda's tone of pricking sarcasm, and though it appears as a taunt, Alabama pushes for her own independence and her own freedom of thought, as much as it frightens her. At eighteen, Alabama's character moves from Montgomery to New York City, a frightened girl, but one who chafes at the prospect of being hemmed in by the same rules of Austin Beggs as a young girl. Alabama's rebellion and pursuit of independence is short-circuited by David's knowledge, that he has spent the “last actual cash they had in the world,” a fact hidden from Alabama. As insidious foreshadowing, it reveals the danger of their relationship from the start, as well as the danger of David's carefully controlled exterior that hides important knowledge from Alabama. Though the financial situation improves directly after this in the novel, correlating with Scott's early literary success, Zelda points to the marriage and early attitudes of Alabama and David as creating a dangerous domestic position. Earlier in the chapter, David carves his name into

a doorpost: “‘David,’ the legend read, ‘David, David, Knight, Knight, Knight, and Miss Alabama Nobody,’” to which Alabama responds by calling him an egotist (36). Zelda pokes fun at David in this repetition, his insistence on his own popularity and conception of himself, while she herself is a “nobody.” This concurs with conceptions of Scott and Zelda throughout their relationship, his insistence on his career, while Zelda is relegated to an inferior position. She is alternately nothing, and no one, and at the same time, someone who demands Scott’s attention to keep her at bay.

When the couple moves to Europe in the novel, the domestic situation unravels to a further extent. On the French coastline for the summer at St-Raphael, David rebukes Alabama for not “running the house”: “‘I don’t see why,’ expostulated David, ‘when you complain of having nothing to do, you can’t run this house satisfactorily’”(88). When Alabama engages in an affair with Jacques Chevre-Feuille, a lieutenant in the French Aviation, David returns the behavior and engages in an affair with Gabrielle Gibbs, behavior that closely mirrors Zelda and Scott’s marriage and its events of the mid-1920s. As Nancy Milford describes, Zelda’s affair with Edouard Jozan caused Scott to retaliate and enter into an affair with Lois Moran in 1927 (110, 211). In the novel, as Zelda and Scott attend a dinner party, David “hung over Gabrielle.” When Alabama attempts to make her own voice heard, a clever line she had thought up, she is interrupted by Gabrielle as well as Dickie. “‘Well,’ she began bravely— ‘the toilet for women — ‘ ‘It’s an outrage—a conspiracy to cheat us,’ said the voice of Miss Gibbs, ‘I wish they’d use more aphrodisiac” (112). Zelda focuses on Alabama’s voice as drowned out, in a literal manner, as another woman takes David’s attention and focuses it away from her. The

affairs and lack of communication between the couple leaves Alabama with a sense of emptiness she must fill, and results in her beginning the practice of ballet.

Alabama muses on gender and occupations and moves to a conviction that she will no longer be dependent on David for her own self-esteem. She decides she will strike out on her own and engage in some sort of activity to define herself apart from her marriage.

‘I don’t care,’ she repeated convincingly to herself: as neat an incision into the tissue of life as the most dextrous surgeon could hope to produce over a poisoned appendix. Filing away her impressions like a person making a will, she bequeathed each passing sensation to that momentary accumulation of her self, the present, that filled and emptied with the overflow (120).

Zelda reflects on a sense of self, as the “I don’t care” utterance removes her former dependence on her marriage and David’s criticisms. In response, her sense of self is then attuned to the present moment. Her self and its “accumulation” appears to be the only thing of importance, and the chance to break through into a new consciousness and new appropriation of her physical self. Zelda’s recognition of an individuated self is key to knowledge of her desire for a separation from Scott as an individual, but also the recognition of an identity that has been subsumed beneath him. Moving into an existence that celebrates the present, the “momentary accumulation,” Zelda is able to reassert control over her physical body.

The activity she chooses to apply herself to is ballet. Beginning as she is at the “old” age of 27, her ballet teacher Madame, never given a last name, asks, “Why do you want to dance? You have money and friends already...” (125). Alabama believes in dance as art and forges onward, leaving her lifestyle behind and practicing for hours at a time in a small studio in Paris, through bruises, injuries and frustration. Her long practices leave her “too tired to move” as she “drove herself mercilessly” and is

“consumed by a longing to succeed as a dancer” (128). As Zelda’s character notes, “she would drive the devils that had driven her” and in succeeding as a dancer, “she would achieve that peace which she imagined went only in surety of one’s self.” Through dance she would be able to “command her emotions, to summon love or pity or happiness at will” (128). The practice of ballet gives Alabama access to control both over her body and over her own identity of self. Alabama ties emotions and happiness, even love, to her success as a ballerina. Seen autobiographically, a reaching for control makes sense for Zelda, writing from the midst of the Johns Hopkins clinic, reaching for a semblance of identity and purpose rather than submitting to the will of others, as she had done for years by the time of the writing of the novel. Though similar to an asylum autobiography, Zelda changes the autobiographical outline, creating a modern narrative of subjectivity through the successful practice of art. Zelda’s narration of ballet creates a dual occurrence of art, as she at once creates modernist art through writing, as well as writing about ballet. The second art is allowed to occur only through the creation of narrative, Zelda’s first art.

In the beginning of the practice of ballet, the ability to maneuver the body is key to practice and mastery, and Alabama’s body becomes a central location for the novel. As she practices in the studio day after day, her limbs refuse to comply with what she wishes despite her lessons and her own will. “The human body was very insistent. Alabama passionately hated her inability to discipline her own” (129). Using her willpower and her mind does not appear to impact her physical self. “Learning how to manage [her body] was like playing a desperate game with herself. She said to herself ‘My body and I,’ and took herself for an awful beating: that was how it was done” (129). It is not only the practice and tradition of ballet that causes Alabama to take herself “for an awful beating,”

but the incentive that she can renew herself through this physical activity, even as her body and self threaten separation. The body remains a site of control and emphasis for Zelda, but in a different way. It is not a space for doctors to control, through touching and manipulation, but the manipulation is instead her own, for her own purposes. In Gilman's text, controlling the body controls the mind, while Zelda struggles with "My body and I," the self outside of her physical body. For Zelda, manipulation of her physical body is a pathway, but not a direct solution, for reclamation of her self.

The physical characteristics of dance and the practice of ballet cause Alabama to sweat profusely, something mentioned repeatedly in the novel. As she practices through the hot summer in the small Parisian studio, the sweat appears as both an image of labor and exertion, but also as self-treatment, an exorcism of her old life and a physical rejection of David. Here, Zelda works "through" illness, creating narrative in the discussion of physical labor and its byproduct of sweat. As Zelda's narrator notes, "It cost a lot of sweat to learn to dance" (129). Scott's discussion of Zelda's sweating as a cure is recalled here, an elimination of "poisons." There is a literal rejection of the self, as Alabama moves to the utmost limits of her body and faces the grotesque productions of her body that represent death. As Julia Kristeva theorizes in *Powers of Horror*,

As in true theater, without makeup or masks, refuse and corpses show me what I permanently thrust aside in order to live. These body fluids, this defilement, this shit are what life withstands, hardly and with difficulty, on the part of death.

There, I am at the border of my condition as a living being (3).

This "border" is where Alabama presents herself, producing a kind of bodily rejection and push toward death, as she almost collapses each time she practices. She uses this to push toward a new state of being that can allow her freedom, a new space that she can inhabit and own for herself. Rather than the concept of defilement Kristeva views bodily

fluids as a part of, Alabama's bodily fluids and physicality are welcomed, something that leads to artistic creativity. Withstanding sweating and exertion is apparent, and wavering on the point of death or collapse has a creative purpose.

Alabama moves toward this exertion in a positive manner as she produces a new physicality in the growth of muscle. "By springtime, she was gladly, savagely proud of the strength of her Negroid hips, convex as boats in a wood carving. The complete control of her body freed her from all foetid consciousness of it" (139). Once more, the term control is applied, and control appears to release her from another state of being, freed from "foetid consciousness" of her body. The link to the mind and mental state in using the term consciousness should not be ignored, and more importantly, its link with "foetid," the unpleasant quality that she assigns to her body. As in Kristeva's conception, Alabama absorbs the idea of the abject, a rejection of the previous conception of her physical body. In this way, a new space opens for a conception of self that she has created, one that is not dependent on outsiders and allows her to move past the way she and others had previously conceived of her body. Zelda positions Alabama with the ability to work "through" the element of illness present, or to take back control of her body, something Zelda is unable to do fully.

As Alabama finally masters some of the necessary skill of a ballerina, a new world opens that links to her past.

Her body ached and trembled. This first glimpse of the dance as an art opened up a world. ... She remembered unexpectedly the exaltation of swinging sideways down the pavements as a child and clapping her heels in the air. This was close to that old forgotten feeling that she couldn't stay on the earth another minute (127). This "opening up of worlds" for Alabama is a poignant sensation and adheres to a purpose that Zelda seems to be introducing, that of a renewed identity via art. Ballet is a

physical act of rebellion in the form of art that moves against David (and Scott's) wishes. This rebellion exists in two functions: Alabama's refusal to adhere to David's conception of her by practicing ballet, and in reality, of Zelda rebelling against Scott and sending off her novel to Scribner's without permission. Both ballet and writing reflect an individuality and a solo practice of art, both of which can never be fully consumed by the figure of the husband.

David seems to be aware of his waning control, and makes clear his displeasure and his ridicule. He brings Dickie and Miss Douglas to the ballet studio to gawk at Alabama dancing, and complains of Alabama's work interfering in their social lives in Paris. His patronizing attitude leads him to compare Alabama's efforts with his own reputation in painting (thinly veiled as Scott's profession as a writer). "'You're so thin,' said David patronizingly. 'There's no use killing yourself. I hope that you realize that the biggest difference in the world is between the amateur and the professional in the arts.' Alabama responds, 'You might mean yourself and me'" (152). David's anxiety regarding Alabama's dance as competing with his own work is visible. So, too, is the comparison of Scott's reputation with Zelda's early attempts at writing to establish herself apart from her husband. In the novel, where David's art is cerebral, his reputation already secured, Alabama pushes her physical self into a realm of artistry, rejecting David sexually at the same time. The creation of her skill and emphasis on ballet reinforces Alabama's independent activity.

In a further move of separation, Alabama accepts an invitation to dance as a solo ballerina at the San Carlos Opera in Naples, Italy.¹³ David resignedly accepts and even encourages Alabama's time in Italy in the novel, Zelda's creation of an imagined peace. The ballet career Alabama fashions for herself is significant. For a portion of the novel, Zelda lives by herself in Italy, attending practice, and performing in front of crowds. The persona of the artist emerges, one who is able to command an audience and impress them with her skill. Madame Sirgeva in charge of the ballet in Naples tells Alabama, "Thank heavens, I have *one* from a Russian school!" and repeatedly maligns the Italian ballerinas, who "have lazy feet" in the chorus behind Alabama (175). After her first performance as the prima ballerina, she "sat on the base of a statue of the 'Venus de Milo' ... 'Bravo' and 'Benissimo' for the ballet rang about her ears" (178). Alabama has succeeded in performing, reiterating the woman's capabilities as artist. The ability to maintain a career and exist successfully reinforces Zelda's ambitions for artistic merit.

Alabama's career in the ballet is cut short in the novel by illness. The reader finds out the demise of Alabama's ballet career is from an infection from the glue in her ballet shoes left unattended. That her pain is ignored is reminiscent of the ethos of hard work and determination that Zelda builds around Alabama's character, dancing despite pain. "The doctors told [David] about the infection from the glue in the box of the toe shoe – it had seeped into a blister" (199). As a result, Alabama contracts blood poisoning, and is in

¹³ In actuality, Zelda was offered the position in the Naples ballet company to dance *Aida*, which she turned down. See Milford. Despite the obvious idea that the novel's inclusion of Zelda's accepting the offer and dancing in the ballet is wishful thinking on her part, it also serves to reflect on Zelda's state of mind in the creation of this moment; an awareness of the issue of independence from Scott, and her own achievements, something she had been limited in in 'real life'. As letters attest to however, Zelda's practice of ballet and her years of training were represented accurately, including the agonizing amounts of hard work (i.e. Scott describing the 'pools of sweat' on the floor during Zelda's practices.)

the hospital for many weeks, where her hard-earned muscle slowly atrophies. This dramatic rendering of the end of Zelda's ballet career signals a fantasy that Zelda has built for Alabama, but redirects the medical language and environment into the guise of physical rather than mental illness. Alabama has several moments of seeming psychosis while in the hospital, as she clamors for attention from the nurses. "'There's nothing the matter with my foot!' screamed Alabama. 'It's my stomach! It's killing me!' (199), followed by an intense thirst, as she appeals to the nurses: 'I've got to have some water! Please give me some water!'" The nurse went on methodically straightening the dressings on the wheel-table. 'Non c'e acqua,' she whispered" (200). This lack of mental clarity is attributed to blood poisoning, not to any mental defect. Autobiographically, it is Zelda's mental illness that brings her ballet career to a halt. Yet in the novel, it is only physical ailment. This is an important rethinking of the loss of the practice of ballet, as it removes the power and importance of mental illness. Physical illness removes the stigma of mental defect, and situates Zelda's career as ending through an accidental cause. As in Gilman's text, when faced with failure, the body is attributed, rather than the mind. Alabama's physical breakdown aligns more closely with Gilman's conception of the medical cause of illness as located within the physical self.

David's interactions with Alabama's doctors are outlined in detail in the novel, as well as Alabama's own experience as a patient. In the midst of Alabama's episode of blood poisoning, David "did not mind the smell of the ether" in the hospital in Italy, while Alabama struggles to understand her surroundings as she lies in traction with her hands held above her, seemingly in intensive amounts of pain. "Two doctors talked together in an anteroom about golf-scores" and the uniforms "made it like the

Inquisition.” David speaks with the doctors, and “didn’t believe the English interne had made a hole-in-one” (199). David is in collusion with the doctors here, conversing with them in their own language, either of golf or of Alabama’s condition. Immediately after the golf notation, “the doctors told him about the infection....they used the word ‘incision’ many times over as if they were saying a ‘Hail Mary’” (199). The seriousness of their own vocation and the importance they themselves give it is a decisive move by Zelda as an author. Zelda also records the voice of the immobilized woman patient. The doctors create the feeling of the “Inquisition” intruding and denying her any comfort physically, the male bonding further excluding her subject position. When Zelda again voices an opinion of what she thinks (incorrectly) has happened to her, the doctor’s response is patronizing. “We will see,’ the doctor said, staring out of the window impassively” (200). Choosing not even to look at Alabama but rather out the window highlights the physician’s denial of the patient’s narrative. Further in the same scene, this is repeated, as Alabama overhears their conversations that go on in front of her but exclude her. “Two doctors came and talked together. What did Salonica have to do with her back?” (200). There is a lack of attention and concern as well as refusal of Alabama as a patient with any kind of input. Alabama asks inwardly, “Why did the doctor inhabit another world from hers? Why couldn’t he hear what she was saying, and not stand talking about ice-packs?” (199). Once more, there is no communication, and control only accorded to the physicians. Where ballet was once the source of her inspiration and a source of identity for her physical self, once she is in the hospital and in the care of doctors, her subject position is not given consideration. Within the setting of the

institution, seen in Zelda's own experiences, authority is given to the treating doctor, and the patient herself is left without recourse except to submit.

As Alabama's illness continues, she is trapped in the hospital bed, remaining for a lengthy period without directives or prognosis, as the doctors continue their actions independently. At this point, Alabama appears as though a patient of the rest cure, trapped and unable to move. Alabama then begins to hallucinate from a long period lying inactive in bed. "The walls of the room slid quietly past, dropping one over the other like the leaves of a heavy album. They were all shades of grey and rose and mauve. There was no sound when they fell" (200). The connection to "The Yellow Wallpaper" is undeniable in viewing objects within the wall, including the color imagery, as is the hallucinatory effect of what the walls transform into. The simile of the "heavy album" whose leaves drop also signals similarities to the wallpaper Gilman describes as having a floral pattern. The album holding photographs, memories of the past, are dropping away from Alabama, as though her mind were slowly being erased. "The walls began again. She decided to lie there and frustrate the walls if they thought they could press her between their pages like a bud from a wedding bouquet" (201). The simile transforms to that of her physical self being squeezed between the pages, as though a flower in the pages of a book (or wedding album). This poignant scene describes from an interior viewpoint the very motions of the mind when it is held in check and forced into a specific space through medical treatment. Alternately, if considered a description of Alabama (and Zelda's) mental break, it forces the reader to question a mental illness that can be expressed rationally in prose. This also exists as a clear form of patient narrative. Like

Gilman, the interiority of the patient is expressed through written prose, expressing a medical experience.

Zelda's writing the novel from inside the walls of the Phipps Clinic and the representation of medical treatment in the novel itself forces the reader to consider the position of the patient as well as the category of mental illness she is placed within. Gilman's perspective within the bed presents a similar framing. Writing rationally from inside the clinic captures the necessary and absent patient perspective, and returns an individualized self and subjectivity to the author, as well as countering with a form of agency through voice. Zelda's writing from the clinic dislodges the idea of the irrational mental patient as well as promoting a narrative of illness that is multi-faceted, not simply a stigmatized version of chaos without purpose. Zelda's writing has purpose, in promoting her own story and her literary career, and at the same time works to re-write what a patient narrative is or should be.

The novel ends with Alabama's continued decline, as she is released from the hospital, only to go back to her childhood home and witness her father's death from protracted illness. The novel's final chapters seem to signal a kind of defeat, as Alabama and David are left in a precarious position, and Alabama's only feeling is a kind of regret, without the ability to restart her practice of ballet. As her father lies in bed, weak and ill, Alabama poses philosophical questions as she muses on her own illness as well as her father's. "Why do we spend years using up our bodies to nurture our minds with experience and find our minds turning then to our exhausted bodies for solace? Why, Daddy?" "Ask me something easy," the old man answered very weak and far away" (207). That Alabama ruminates on the mind-body connection is significant. Alabama

turned much of her own subjectivity into physicality, in the strength of her muscles and the manipulations she had achieved through ballet. When physicality is removed, for both Alabama and Austin Beggs, there is only an emptiness. One's health, and one's body, appears immutable and dependable, yet as Zelda's novel reveals, the physical site can easily be taken over by illness and by medicine, which removes any given stability. The mind does not then act to replace the body in time of illness, or help to replace any kind of stable configuration of self.

Zelda's novel reveals great insight, particularly in framing an experience of renewed identity. The novel's explorations of a character's physical triumphs and losses serves to reimagine the divides of the mind and body. Through the novel, Zelda reimagines her artistic career, and provides room for its success. In reality, coping with mental illness, Zelda can only create art through narrative, which she does while under treatment and under observation from Scott. Unable to remove herself fully from observation as she does in her novel, Scott then uses Zelda's own art in service to his purposes. As Lawton Campbell described, "[Scott] would hang on her words and applaud her actions, often writing them down as they came from the fountainhead" (Campbell). At the same time as she exists as Scott's "fountainhead," Zelda's mind and written narratives are also the site of Scott's angst and anxiety. The complexities of Zelda and Scott's relationship are formulated in Zelda's novel, as are Zelda's efforts to reclaim herself as modern artist.

Conclusion

What this chapter suggests, overall, is the connection between medicine, mental illness and power relationships as it relates to a trajectory from the late 19th century into the modernist period. This chapter does not argue that the diagnoses are made up, either partially or completely. In the cases of both Charlotte Perkins Gilman and Zelda Fitzgerald there was likely mental illness in some category that we may now re-label in the contemporary sphere as bipolar disorder or postpartum depression. Even contemporary labelings are problematic, and the simple shifting of labels and categories point to a problem that remains unsolved. This chapter argues, however, that the connection of Gilman's own captivity and Zelda's cannot be ignored, and both authors contend with dominant narratives of medicine that work to deny their status and abilities as authors. Both women respond to the figure of the husband and the attempts at a medicalizing of the mind through art. The act of writing is one of agency and works as a response to the effort on the part of the husband and doctor. It is not a simple scenario of husbands controlling their wives, however. As this project uses as its basis a trajectory of time from the 1890s to the 1930s, the medical and social scenario becomes increasingly complex. The difficulties of Scott and Zelda's relationship – his ambivalence regarding her treatment, their artistic and sexual identities, his involvement in her cure, the actions of her novel – provide only one example of a complex moment.

Mental illness is often seen, particularly for women, as something which allows the public and private audience alike to disregard the author, transformed into the irrational or the insane. As Gilman's narrative attests, the husband-physician reinforces this categorizing of the female patient into the realm of the discounted and

the stigmatized. Examining the rest cure in relation to Gilman's text and Zelda's treatment in various institutions places the emphasis on medical knowledge and its dissemination as a factor in the response to women within the marriage partnership. Medical treatment for mental illness during this period reemphasizes the gender divide, as it seeks to keep women captive in a literal sense, either in the bedroom or the clinic. The historical documents of medical treatment become a cultural attaché to the disbursement of matrimonial power; the bond of marriage may sanction the male partner with privileges that create these power dynamics.

Authorship is at issue in both these texts, both the effect of the woman patient's narrative and its effect on identity. Scott's letters reveal an intense interest in Zelda's treatment and an obsession with his own literary authority. As Scott's letters portray, his anxieties extend past their marriage and its imperiled status and into the realm of the literary world. Centered often on his reputation as a writer and his status in the literary world, he appears threatened by Zelda's production of *Save Me the Waltz* written from inside the clinic. The novel itself has literary merit, and more importantly to this project, frames a viewpoint of a woman patient. As Gilman writes similarly, albeit thirty years previously, the woman patient may use her own voice in writing to project her own narrative as well as envision alternate scenarios. As this chapter has discussed, highlighting Gilman and Zelda together along with their literary work allows us to rethink medical history and reframe the woman writer as one who emerges during this period through and around their identities as shaped by illness.

CHAPTER 2

NAVIGATING THE (MIND)FIELD: GENDER, PSYCHOLOGY AND ALTERNATIVE MEDICAL PRACTICES OF THE 1890S IN SARAH ORNE JEWETT'S *THE COUNTRY OF THE POINTED FIRS*

Toward the beginning of Sarah Orne Jewett's *The Country of the Pointed Firs*, Mrs. Todd encounters the local doctor, and they engage in friendly banter over Mrs. Todd's picket fence. The narrator observes the exchange, declaring that Mrs. Todd the "learned herbalist" and the doctor were "upon the best of terms" (4). The doctor makes "suggestive" jokes as he casually twirls a flower in his fingers while standing at the gate, jokes that sometimes concern "a too persistent course of thoroughwort elixir" that Mrs. Todd has prescribed. As the narrator then adds, the doctor could "count upon the unfavorable effect of certain potions" of Mrs. Todd's that he could "find his opportunity in counteracting" (4).

While a brief encounter, this episode seems to have larger import. Jewett's 1896 novella focuses on a female narrator's summer stay in the Maine coastal town of Dunnet Landing, an immersion into the life and characters of the rural locale. The novella positions the doctor and Mrs. Todd in this small incident as competing entities for the well-being of the village. The question remains as to whether their relationship exists to simply flesh out the narrative, to provide a portrayal of regional medicine, or whether it symbolizes other, larger tensions within late 19th century medical practice. The final question deserves the most consideration. This episode, and the novella as a whole, reflects on the status of medicine in New England at the turn of the century and draws a

portrait of changing practices as well as a re-orientation in the way women in medicine should be considered.

Boston in the last decades of the 19th century was a hotbed of medical ideas. Jewett spent half her time in Boston – living with Annie Fields after the death of Fields’ husband – and breathed in the city’s intellectual life. Medical men at Harvard during this moment focused on the structure of the brain and the definition of consciousness, studying how the brain worked and what happened when it functioned abnormally. After 1870, the field of psychology was formally established in the university, separating from philosophy departments. Harvard, and William James, were at the epicenter of this transition. James’ studies on and conception of consciousness were groundbreaking in heralding new thought on the mind-body connection. His work with hypnosis also helped pave the way for modern psychotherapy, precursors to Freudian practice in the United States. At the same time, alternative methods of healing were popularized, some as outcroppings of previous 19th century movements. Christian Science was born in Boston during this period and gained increasing popularity, with its emphasis on religion and the belief that a follower could heal the body through the power of the mind. Christian Science also encouraged woman-to-woman praxis through the training of women practitioners. In another mode, herbalists in rural locales relied on remedies from old recipes, believing these self-help cures to be a better alternative to the use of physicians. Herbalists were connected indirectly in New England with patent medicine manufacturers who used herbal remedies but often added opium or alcohol and marketed them widely as cure-all products. Lydia Pinkham in Lynn, Massachusetts, for example, marketed her

patented Vegetable Compound to great success, and saw the peak of her business in the 1880s, continuing through the turn of the century.

Several scholars have undertaken criticism of *Pointed Firs*. A collection of essays edited by June Howard examines the widening sphere of importance for Jewett's text, which brings "a sense of deep significance in everyday life" (2). In the same vein, Marjorie Pryse and Judith Fetterley include *Pointed Firs* in *Writing Out of Place*, moving Jewett out of the category of regionalist writer and into that of nationalist-minded author. Specifically in terms of medicine, Elizabeth Ammons has focused on the "white witches" of herbalism and the occult in the text, discussing Jewett's interest in extra-sensory perception and Spiritualism. Marcia McClintock Folsom centers her essay on Jewett's use of empathic relationships between women as an important axis of the novella. Laurie Crumpacker's 1983 article on Jewett's fiction devotes attention to women healers, but spends significant time away from *Pointed Firs*, discussing Jewett's religious criticism and the link of women to nature. In addition, Michael Holstein's article argues for connections between the narrative focus on healing and the narrator's occupation as a writer, conflating the two. While attention to *Pointed Firs* has been strong in general, not enough critical space has been devoted to Jewett's focus on related medical events at the turn of the century and her commentary on conflicts within medical culture and its practice, particularly in terms of gender and women's roles.

The emphasis on varied forms of knowledge and who owns these forms is prevalent in this text. While Jewett's focus on medicine as a discipline is apparent, within this is an adjacent, and necessary, discussion of ownership of knowledge. In Jewett's novella, ownership of medical knowledges and best practices exists as a considerable

subtext. As Catherine O'Sullivan notes in *Reshaping Herbal Medicine*, "A...key area of difficulty is around the nature of knowledge, and of the kinds of knowledge that are embedded in a clinical discipline. Who defines what constitutes acceptable knowledge, and what epistemological and methodological assumptions underpin the ideas of medicine?" (3). While O'Sullivan uses a contemporary perspective, the question is relevant. Particularly in a historical moment that privileges institutionalization, there exists a strengthened focus on the dissemination of knowledge and how it is enacted on the body. Medicine is a fertile ground for discussion of epistemological functioning and the attendant power and gender dynamics. In Jewett's novella, various knowledges exist and at times conflict with one another. The conflicts are all the more divisive as they involve health and well being, and often matters of life and death.

Jewett creates space for new discussions of medicine in the novella and how women fit within its practice. The narrator as a writer and protégé of Mrs. Todd interacts with local residents, uncovering their stories and using a proto-therapy of narrative to help them unburden and heal themselves. The narrator traverses the medical environment using a mixture of both empirical methods via an early form of psychoanalysis, including an understanding of consciousness, and incorporates alternative therapies such as herbal medicine or mind cure similar to Christian Science. As such, there is emphasis on a blurring of gender roles via women's practice of medicine and an undoing of the necessity to categorize medicine and practice it only in certain ways and by certain people. Knowledges are combined in a hybridity that invite a more modern example of the doctor-patient relationship and the way medicine is practiced.

This chapter argues that Jewett's novella narrates a moment in medicine that moves through various stages, and supplies a new vision for the field's expansion. In one sense, physicians work during this period to create disciplinary boundaries. They effectively remove women from their ranks, denying roles to those such as midwives and herbalists in order to excise anything from the practice of medicine that appears unscientific. In doing so, newly modern versions of earlier styles rush to fill the void left by these men of science, particularly those such as Christian Scientists that claim healing powers via alternative methods left aside by mainstream physicians. Yet medicine sees itself as a discipline that must then be reconquered. Men of medicine see an ambition reemerging to understand concepts within the territory they had given up, such as parsing the mind and the unconscious. These empirically-oriented thinkers worked to reclaim these items as objects and methodologies of science. For Jewett, the banished aspects of medicine are territory ripe for reclamation within writing. Jewett attempts to find what is modern in these practices such as herbalism and mind healing that medical practitioners cast aside. In this, Jewett task emerges as modern writer, to wield within her realm the power to reinstate alternative medicine. Using women characters such as Mrs. Todd who can practice herbal medicine and a narrator that can access the scientifically-oriented unconscious, Jewett creates a forward-looking vision recognizing that women have been removed from the contemporary medical sphere but also that medicine's reintegration of women and these alternative practices would be the true marker of a modern science.

The Boston School: Theories and Competition

Jewett's setting of the novel in New England is not accidental. Jewett reflects on the context of Boston and its importance to the development of medicine. Particularly at the time of the writing of *Pointed Firs*, Jewett was aware of changes taking place in this locale where she spent so much time. To better understand the scenario, the contextual situation of the medical field should be further explored. Particularly in Boston where advanced medicine was practiced and theorized, those in the profession worked to create disciplinary boundaries and more narrowly define the knowledge held and validated within those boundaries. Those at Harvard believed in empiricism, scientific theories, and observation; laboratory-based experimentation was relied upon and consistently used in understanding and proving methods of treatment. Those within the university setting relied on the formal training they had received as physicians, which led to the creation of the field of psychology, pushed forward by those like William James.¹⁴ Of the field of psychology in general,

[T]he late 1870s mark two important transitions for the field. The first is institutional: after 1879 'serious' psychological research was increasingly carried out in academic settings, by professionals who identified their work with the lab and the lectern. The second transition was intellectual: the theoretical concerns of earlier generations of psychologists, especially those of the natural metaphysicians, were increasingly set aside in favor of narrower issues, often limited to matters of measurement (Reed 144). Psychology in the post-1879 period "shrunk considerably" and "tended to encompass only the phenomena of the mind" rather than the whole body (Reed 144). Nathan Hale in his work on the birth of psychoanalysis in the U.S. calls the 1890s a "critical" decade,

¹⁴ Much has been written on William James and his role as the 'father' of psychology. This will not be explored in depth here, but James will be considered for his research on consciousness and how that is seen in Jewett's work. See further in Edward Reed, *From Soul to Mind*, Robert D. Richardson's *William James: In the Maelstrom of American Modernism*, and Howard Feinstein's *Becoming William James*.

acting as a precursor for development of psychoanalytic practice through a group of progressive thinkers in Boston (*Beginnings* 121). These progressive men such as James and others at Harvard were in the main “open to new ideas and willing to champion unpopular changes and were especially close to European developments, still the major source of innovation” (Hale *Beginnings* 75).

Harvard physicians worked to extend scientific experimentation and uncover the hidden understandings of the brain. William James specifically theorized the structures of the mind and early forms of narrative therapy with hypnosis. Morton Prince, also at Harvard, was progressive in his ideas of abnormal psychology and early ideas of psychotherapy, and also practiced hypnotism in his formative years. He traveled to France to see Jean-Martin Charcot’s pioneering work with hysteria at the Salpêtrière Hospital before formulating his own theories on the subject (Hale *Freud* 128). Boston born and bred, Prince devoted his entire practice to the study of abnormal psychology and by the end of his career founded the Harvard Psychological Clinic in 1927 shortly before his death. James Jackson Putnam, another Harvard practitioner, was a preeminent scholar of theories of neurology and the unconscious, and later would personally greet Freud when he landed on American shores in 1909. Putnam was Harvard’s first professor of diseases of the nervous system and a founding member of the American Psychoanalytic Association in 1911 (Prochnik, Hale).¹⁵

¹⁵ Harvard’s status as the preeminent university in the nation would seem to easily link to its progress in theorizing, but this is not necessarily the case. Hale takes the position that Harvard thinkers were still progressively-minded and relied on influence from European centers of thought, not just on its own status, which should still be considered from a 19th century viewpoint rather than a contemporary one.

Though the roots of clinical psychology seem to vary depending on the account, as Eugene Taylor notes, clinical psychology in the United States “like experimental psychology, began within the tradition of academic psychology in the early 1880s, but it began when physiological psychology fused with psychical research, the scientific study of the paranormal” (1030). Taylor agrees that men such as William James, Morton Prince, and James Mark Baldwin were early adopters of modern clinical practice (1030). Also connected is the practice of Spiritualism, often practiced with séance or table-knocking to communicate with those in the afterlife. Beginning in the United States with Civil War soldiers’ phantom limbs, the mind’s access to spiritual matters was not far-fetched. Medical men then formed this into a theory of nerve energy popularized by George Beard and S. Weir Mitchell.¹⁶ As the mind’s workings often appeared mysterious, it makes sense that the fusion of studies of paranormal activity and neurological science helped in the development of the field.

The domain of psychological research was populated almost entirely with men. In terms of gender and medicine as a whole, the nineteenth century saw a continuation of a reduction or shifting of women’s roles. Midwifery, long the purview of women, had been taken over by male physicians a century before (Varney, Thompson 24). During the eighteenth century, “advances in medicine...which amounted to an obstetrical revolution, challenged and eventually overturned female domination of midwifery”; women could not compete against physicians “who possessed scientific knowledge of anatomy and

¹⁶ As Justine Murison discusses in *The Politics of Anxiety*, Mitchell and Beard were some of the first to draw attention away from strictly empiric discussion and scientific focus to understand the human body and draw in some ‘otherworldly’ theories to explain various phenomena. They linked nerve energy to the afterlife, and Beard and Mitchell theorized that “the open, nervous body...operates via animal electricity and is therefore vulnerable to its inverse: the ‘spiritual’ electricity of ghosts” (138).

parturition and who through their forceps and other instruments could shorten ordinary labor as well as relieve patients in difficult births” (Walsh 6). Physicians “realized that their new knowledge as a man-midwife could gain them income and status as well as serve as the portal to the use of all their medical practice to meet family medical needs” (Varney, Thompson 24). In the last half of the eighteenth century, male midwives were prominent, “and gained increasing importance in urban centers such as Boston” (Walsh 7). By the late eighteenth century, urbane families such as those in Boston “found it ‘fashionable’ to pay a doctor one guinea for a delivery because this meant that one’s family had arrived on the social scene.” Midwives continued to serve the poor and working classes throughout the nineteenth century, but “they had clearly lost the status they had enjoyed at the beginning of the colonial period” (Walsh 7). As part of the common rhetoric of the nineteenth century, male physicians, like the common public, believed in the domestic role as the more important one for women. “Physicians were, of course, no different than their counterparts in other professions in employing the argument that women must remain masters of their appropriate and separate sphere – the home” (Walsh 9).¹⁷ Small headway was made for women physicians toward the end of the century; Johns Hopkins was the first medical school to admit women in 1889 (Walsh 177). By and large, however, the physician at the turn of the century was male.

¹⁷One particular case illustrates the difficulties women faced in the mid-19th century. Harriot and Sarah Hunt began a medical practice in Boston in 1835, and were isolated from the entire medical community. Unable to make housecalls because “there was so much opposition to the attendance of a woman as physician,” the Hunts limited their practice to women and children. Hunt’s repeated applications to Harvard, ending in 1850, with recommendations from Oliver Wendell Holmes, were rejected (Walsh 34). In addition, separation of men and women within medicine continued, as women were called “female physicians” or “doctresses”, a term signifying inequality, and despite a few women’s successes, were still a very small minority.

In alternative medicine, the Christian Science movement was born in Boston and grew rapidly in popularity, adding and attracting women. Begun by New Englander Mary Baker Eddy in 1875, it established its first church in Boston in 1879, the same year that clinical psychology began to take root in the U.S., or rather its institutionalization as a discipline (Brozek 18). Both Christian Science and a later iteration, the Emmanuel Movement, focused on curing all ills of the body through the mind, mainly through religious healing and a purity of faith in Christian teachings (Caplan 119). The idea of “mind cure,” healing the body through faith, belongs largely to Christian Science, though there were others of the “New Thought” movement who relied on various mixtures of faiths or methods for mind cure (Whorton 123). By 1906, Christian Science consisted of almost 50,000 members, and approximately 75 percent were women (Caplan 75). For women, it provided opportunity beyond “merely filling a spiritual void....Christian Science offered many American women a hitherto absent opportunity to pursue meaningful work and earn a satisfactory income” (Caplan 76). In its mission of creating female “assistants” to help others, women practitioners found an opportunity to reinforce and stabilize gender roles; “Christian Science practitioners attracted women not just because they healed people or because they were women, but because as *female Christian Science healers* they spoke to women’s distinctive ills in an affirming yet persuasive voice. When practitioners promised victory over sin, sickness, and death, those women who listened, listened intently because within the ‘woman’s sphere’ these three were the peculiar enemies they struggled against” (Schoepflin 37 his emphasis).

Christian Science was one particularly strong force that moved into space vacated by traditional medicine. Its main theory held that the power of religious influence could

heal the body. It prohibited any physician interference or the taking of any medicines.¹⁸ The “mind cure” movement, as Eric Caplan writes, “was an effort to contest the growing hegemony of... ‘medical materialism’ and to offer an alternative or, at the very least, a supplementary approach to questions regarding sickness and health” made up of a “loosely organized collection of men and women who held that mental therapies were by themselves sufficient to cure all diseases” (62). Christian Science achieved some success in curing patients, to the chagrin of trained physicians. Yet some physicians saw merit, of a sort, in its beliefs. In 1894, William James wrote that “What the real interest of medicine requires is that mental therapeutics should not be stamped out, but studied, and its laws ascertained” (Murphy, Ballou 11). Chicago psychiatrist Richard Dewey also wrote in 1896, “In mental therapeutics it is my belief that psychiatry has a new and rich domain to conquer and annex by separating the false from the true in the fads and frauds of the day, and by placing upon a scientific basis the facts of mental influence upon physical states” (Caplan 63). In 1895 James Jackson Putnam noted, “In a sense, I grudge the irregulars every case that they win from us, be they few or many, because I believe that with a deeper knowledge of human nature, a better understanding of psychology, a wider range of methods and greater skill in applying them, we could cure more of these patients ourselves” (Hale *Freud* 121). While interested in methodologies of Christian Science, those such as Putnam still frame the field as a gendered one; the “us” in his statement ostensibly refers to Christian Scientists or other alternative practitioners, yet may also reference women who make up the majority of Christian Science practitioners versus the male practitioners of medical science. Putnam’s reference to “methods” and

¹⁸ See Nathan Hale’s *Freud and the Americans* and further in Eric Caplan’s *Mind Games* for further discussion.

“applying them” speaks to the continued emphasis on scientific method and experimentation as of higher value and priority than women’s practices such as these. Dewey, too, sees alternative fields as a “domain to conquer and annex,” aiming to take it over after absorbing anything useful. While some acceptance of women’s practice and alternative medicine is visible, resistance to its existence is evident.

Beyond Christian Science, alternative medicine also appeared in the form of herbal remedies and patent medicines. Based in part on Shaker origins, herbal medicine came to popularity in mid-19th century in part from Samuel Thomson, and Thomsonians spread the word of self-help through herbs. Using Thomson’s *New Guide to Health*, “Thomsonian agents fanned out from New England through the southern and western United States urging self-reliant Americans to become their own physicians. Almost everywhere they met with success” (Numbers 44). Part of herbalism’s popularity was its innocuousness, the promise that it would do less harm than allopathic, or symptom-based, physicians who relied on pathophysiology. One manual declared that, “No life was ever lost by homeopathic medicine used carelessly, or otherwise” (Numbers 48). Stemming from Native American influence, as “Indian tribes acquired an extensive knowledge of botanical drugs,” herbal remedies were still mostly effective for symptomatic use rather than as cure, despite their claims. “With very few exceptions, these drugs did not cure diseases but rather relieved symptoms...more often because of the limited therapeutic properties of their ingredients” (Rothstein 32). Particularly in rural locations, herbs from gardens used for medicinal purposes were easily obtained and less expensive than imported drugs from apothecaries “often unavailable to the rural population” (Rothstein

32). Despite its holistic approach, herbalists were often unable to provide effective methods beyond symptomatic relief.

Relieving symptoms, especially in rural areas, remained a big business through the end of the 19th century. Patent medicine manufacturers came to significance in the latter decades of the century¹⁹ and many manufacturers were located in the northeastern United States. One of the biggest patent medicine manufacturers in the region was Lydia Pinkham. An “enterprising housewife” (Young 99), Pinkham and her sons created their Vegetable Compound from various botanical handbooks, “stemming from the revived interest in the vegetable kingdom stimulated by Thomsonianism” (Young 99). “Lydia Pinkham, a good neighbor, dosed others outside her family when they were ailing. Strangers sometimes showed up at her door asking for her concoctions which they had heard about in conversation. For centuries, folklore remedies, administered gratis by grandmothers and maiden aunts, had occasionally become articles for sale under the press of financial exigency” (100). After the financial panic of 1873, Pinkham created the proprietary medicine and gained a national reputation, building something of an empire. Her remedy, though claiming to contain various herbs to apply to any and all women’s ailments, used alcohol as its main ingredient (18%) (Young 99). Pinkham distributed it to

¹⁹ A sect called “eclectic medicine” rose to prominence in the 19th century, and gave rise indirectly to the patent medicine industry. In the mid-19th century, a professor of Cincinnati’s Eclectic Medical Institute discovered “how to concentrate the resinous of plants”, which “had the virtues of being much more palatable and easier for a physician to carry” (Rothstein 49). Under Dr. John Scudder’s directives, these “eclectic therapeutics” were copyrighted “to ensure that their manufacturers would maintain proper pharmaceutical standards” (Rothstein 49). These eclectic physicians, though not a major sect of medicine compared to orthodox medicine or homeopaths, still had significant influence with its main goal of allaying symptoms, and were popular mostly in rural locations. In 1900, according to a medical directory, there were 104,094 regular physicians, 10,944 homeopaths, and 4,752 eclectics and others (Rothstein 50). As advances in surgery and technology came about at the turn of the century, the sects of homeopathy and eclectic medicine increasingly lost popularity.

local people before manufacturing on a greater scale, advertising in many magazines and newspapers. She specifically targeted women, and published her “Treatise on the Diseases of Women,” referenced previously. Pinkham became an example not only of the success of the patent medicine business as a whole but also in gendered marketing, appearing as a kindly face in many of the company’s advertisements, a friendly neighbor lending helpful advice to fellow women. This advertising capitalized on women’s ability to trust one another without a second thought, reinforced by Pinkham’s support of women’s causes.²⁰

Marketing to women in the age of patent medicine was one of Pinkham’s specialties, and something that was used often in the trade in general. In the post-Civil War era, consumerism became *de rigueur* and advertisers quickly learned to capitalize on this development, particularly by creating recognizable brands: “[Manufacturers] learned that the success of selling standardized, small-package goods depended on a memorable brand name that could clearly be seen on the packaging... If a manufacturer could inspire confidence in their brand, they could charge a higher price and urge consumers to accept no substitutes” (Sivulka 46). Advertising overall increased in volume from \$200 million in 1880 to \$542 million in 1900 (Sivulka 46). While women did not become the specific

²⁰ As much damage and claims of quackery follow Pinkham’s remedy, Pinkham was a supporter of women’s reform, particularly in terms of medicine. Thomsonianism in the 1830s sought to create self-help initiatives and wrest power from the hands of physicians, and Pinkham lobbied in a similar way through her product for women’s rights. “As Samuel Thomson’s system had sought to strike a blow for medical democracy, so Lydia Pinkham’s Vegetable Compound sought to strike a blow for women’s rights. Lydia had developed the belief that male physicians were insensitive to women’s ills” (Young 100). Also an abolitionist, Pinkham’s push for reform helped to change women’s minds regarding control of their health. Correspondence and testimonials attest to this. Though later written by others (to the point where letters answered by ‘Pinkham’ were being sent out far past her death), in the beginning of her success, Pinkham would respond individually to letters from women in distress, often offering moral advice on top of instructions for medical care. “Lydia Pinkham, hailed as the most important businesswoman of her era, marketed her patent medicines as a cure for nerves and female complaints among the less educated, rural, and working classes” (Davis 93, Stage).

target of advertising until the 1920s (Sivulka), for medical products like Lydia Pinkham's it was otherwise. With its claim of curing "Irregularities, Floodings, *etc*", Pinkham's compound hinted at its power as an abortifacient; "Throughout the nineteenth century desperate women poisoned and mutilated themselves in their attempts to avoid the social stigma of unwed motherhood or the economic and physical burden of repeated pregnancies. These women needed only the slightest hint that a medicine might get them out of their predicament" (Stage 102). The use of testimonials was one deployed by Pinkham and many others, inspiring trust (Stage, Holbrook). For some women, believing the medicines were formulated without alcohol, gave testimonials in support of Temperance, as with Ordway's Sulphur Bitters and Dr. Walker's Temperance Bitters (Holbrook 160). Catalogs and magazines provided particular interest to women as they reached the home; in 1895, the Sears, Roebuck & Co. catalog was ubiquitous and sold everything, and advertisers used that space well; "Most ads for branded products targeted women, in *McClure's* and *Munsey's* almost as much as in the *Ladies Home Journal*" (Ohmann 76). Department stores further catered to women by reproducing the domestic scene: "The services and amenities they provided made women feel at home – or at a higher-class home than their own" (Ohmann 76).

The new powers of advertising and the rise of patent medicines coincided to create an entirely new dimension for women, one that mixed profit with healing. The nineteenth century was "the heyday of 'patent medicine' quackery" (Gevitz 6) and patent medicine peddlers capitalized on those in need. "In times of need [patients] often turned for advice to a do-it-yourself manual, a friend, or...a patent-medicine peddler" (Leavitt 85). By the turn of the century, the patent medicine business was beginning to decline.

This decline accelerated with the passage of the Pure Food and Drug Act of 1906, which required labeling of all ingredients in manufactured products, partially due to Upton Sinclair's exposé of the meatpacking industry in *The Jungle*, published the same year (Goode 41). This was not before those like Lydia Pinkham had a significant impact on American medicine as a competitor and promoter of women solving their own medical dilemmas.

As Boston and New England become a central point for medical technologies both helpful and otherwise, Jewett uses this locale as a focus for discussion of medicine as well as implications of gender that came with its practice. In her use of women practitioners, Jewett appears aware of movements like Christian Science and even entrepreneurs like Lydia Pinkham who emerged with new independence and a desire to flourish in business. Mrs. Todd the herbalist represents the woman engaged in alternative medical practice or even further, the owner of a patent medicine business, replicating Pinkham. Yet Jewett's women also appear cognizant of the movement to institute psychology as a discipline and the early attempts at psychotherapy and an understanding of consciousness. While they were fully or partially discounted by physicians interested in empirical knowledges, Jewett allows room for their theories and practice, promoting a forward-looking conception of medicine that recognizes women and their alternative methodologies. As a writer, Jewett is able to articulate a conception of medicine that emphasizes multiple practices at once and the possibility for progress within each.

***Pointed Firs* and Reflections on Religion and the Unconscious**

Both Jewett and William James had respect for the practice of medicine as well as for religious tradition. James read Jewett's work and sent her a letter of praise halfway through the serial publication of *The Country of the Pointed Firs* in the *Atlantic* (Blanchard 304). A letter to Annie Fields in 1892 from Jewett records that Jewett was reading an early edition of James' *The Varieties of Religious Experience* and she notes a portion on St. Teresa that is "most particularly fine, and penetrating" (Fields *Letters* 90)²¹. Jewett's early childhood includes deeply impressed memories of traditional medicine as she would make the rounds with her father, a local medical doctor, in her native town of South Berwick, Maine. These experiences are recorded in *A Country Doctor*, published in 1884. As Richard Cary writes in his biographical monograph, Jewett got to know "the sights and sounds of her native people" on these rounds with her father (21). Annie Fields notes when Jewett grew older, Jewett's father "would give her larger and deeper lessons, until many a young graduating doctor today might well envy that slip of a girl for the knowledge at first hand which had been conveyed to her impressionable mind" (Fields *Letters* 5). Medical knowledge and patient care is something reflected in *Pointed Firs*, no doubt in part from Jewett's formative experiences.

The particular power of telepathy or of "unknown forces" of the mind is something Jewett considered as a true phenomenon. Wandering at night in the moonlight she writes to Annie Fields, and notes she became "part of nature, like an atom of quicksilver against a great mass. I hardly keep my separate consciousness, but go on and

²¹ The suggestion is made by Terry Heller that this may have been an early edition of the text where the reference to St. Theresa was eventually removed, perhaps in editing, from the chapter "The Value of Saintliness" to which Jewett refers. The year also does not seem to line up, as it is early on, but Jewett does reference *Varieties of Religious Experience* by William James.

on until the mood has spent itself” (Fryer 620). She also tells Fields, "I count more and more upon the truth that we can 'think' to each other, when we are really friends, much better and oftener than we can write. When they find out all about wireless telegraphy, they are going to find out how the little batteries in our heads send messages, and then we can do it by rule and not by accident” (Fryer 620). She also wonders "if in heaven our best thoughts will not be flowers, somehow, or some sort of beautiful live things that stand about and grow" (Fryer 620). Jewett reveals a belief both in psychic energy but also in its usefulness for the future or in a religious afterlife.

James, like Jewett, struggled to reconcile the empiric with the unknown, the energies of the spirit with those of the unconscious or the practice of medicine. He found a somewhat satisfactory consensus in reconciling notions of the unconscious with religious convictions, a “pluralistic view of the universe”:

In this metaphysical scheme, the notion of a covenant between God and humankind can be expressed in psychological terms: ‘We and God have business with each other; and in opening ourselves to his influence our deepest destiny is fulfilled.’ This psychological interpretation of the covenant made religious belief compatible with the experimental character of modern intellectual thought...God could be approached through our own unconscious minds (Fuller 95).

James successfully brings together two seemingly opposite ideas of God and the unconscious by simply combining the two, using God’s presence as existent behind the conscious mind. His conception of the unconscious allowed for both the religious apparatus and the psychological thought that he could not help but admit to the validity of, particularly in light of contemporary research from his peers. For James, the unconscious is a holding place of spiritual encounter, a place for religion to dwell that forges an unseen connection to a higher power. Jewett appears satisfied, like James, in a reconciliation via some combination of the practices of spirituality and science. Jewett’s

characters appear to have this same mixture of ordinary pragmatism as well as a spiritual side that lends itself to healing practices.

Jewett uses Jamesian terminology of the unconscious in the text of *Pointed Firs*, particularly within the narrator's internal reflections. Toward the beginning of the narrative, the narrator reveals a bout of writer's block. "The sentences failed to catch these lovely summer cadences. For the first time I began to wish for a companion and for news from the outer world, which had been, half unconsciously, forgotten" (13). I read this as a purposeful insertion of the term unconscious rather than a simple figure of speech, or coincidental. As Jewett is familiar with James and the medical environment, it can be theorized that the inner workings of the mind are here a reflection on James' theory, of doing something without meaning to, such as James' automatons, recording behavior without intention. As James writes in *Principles of Psychology*, there is "an immense mass of *ideas in an unconscious state*, all of them exerting a steady pressure and influence upon our conscious thinking, and many of them in such continuity with it as ever and anon to become conscious themselves" (167, his emphasis). Using the term "forgotten," Jewett reinforces James' idea of the unconscious, its existence below and out of sight. As James notes, "In the practical use of our intellect, forgetting is as important a function as recollecting" (*Principles* 679). The existence of "forgotten" thought for Jewett's narrator accords easily with Jamesian theorizing of the unconscious mind.

The term "unconscious" occurs at various moments throughout the text, and here, at the moment of the narrator writing, it is particularly relevant. Writing as a process may be viewed as the mind's revelations put to paper, a record of the internal in external form. Writing provides a way to reveal even further the interior hidden spaces of the mind.

Jewett proposes an idea that may move beyond James, in suggesting the narrator's profession as a writer is important to the development of psychotherapy and new ways of thinking about the interior structure of the mind. Jewett uses the concrete act of writing to showcase the mysterious aspects of the mind and underscore the presence of the unconscious. As though experimenting herself, the narrator uses a reflexive viewpoint to attempt a better understanding of this mysterious agent. The frame of the unconscious and its connection to James becomes important in understanding both thoughts and acts throughout Jewett's text.

When the narrator begins to settle in for her summer stay in Mrs. Todd's home, she notes to herself, "I had been living in the quaint little house with as much comfort and unconsciousness as if it were a larger body, or a double shell, in whose simple convolutions Mrs. Todd and I had secreted ourselves, until some wandering hermit crab of a visitor marked the little spare room for her own" (55). Like a metaphorical image of the mind's structure, the house becomes the conscious portion while the unconscious is the narrator herself who Mrs. Todd will introduce to new methods of analysis and interpretation. Mrs. Todd is the one with whom the narrator finds a deep, empathic connection and allows the narrator to forge inroads in self-contemplation via interaction with Mrs. Todd's own folk knowledge. Mrs. Todd and the narrator are "acute observers who habitually penetrate and interpret external facts, and both are able to reconstruct the whole through active interpretation of details" (Folsom 66). June Howard notes that "In the face of the forces that relentlessly define her characters and concerns as marginal, Jewett's work ...sustains a sense that the center of the world is not the site of social dominance but the site of consciousness; it is potentially everywhere and anywhere"

(Howard "Unraveling" 378). In spatial terms, we see the unconscious placed "everywhere and anywhere" for the narrator, whether appearing on the written page or in Mrs. Todd's spare room, even disappearing and reappearing. These centers of consciousness are also centers of unconsciousness. Both appear materially grounded within the house, having a specific structure of levels or multiple spaces, such as the narrator describes with a hermit crab in an exterior shell and an interior organism living simultaneously. As in the structure of the mind having a conscious and unconscious level, the two levels are presented in a physical manner, both existing at once.

The narrator's entire summer stay appears as one continuous experience of the unconscious. The narrator is immersed in the simplicity of nature, or talking with the various village members rather than writing, both of which remove her from the world she has come from. She desires unknowingly an explanation of the unconscious, and Dunnet Landing seems to represent a locale of importance for this to occur, some transitive epicenter for unconscious actions to take place. When she leaves at summer's end, and is about to return to the wharf where she appeared, she looks in her room and notes that "all my belongings had died out of it" as if she had never been there (129). The unconscious language resurfaces when the narrator makes her last trip on the ferry: "The tide was setting in, and plenty of small fish were coming with it, unconscious of the silver flashing of the great birds overhead and the quickness of their fierce beaks" (130). Like our narrator's dream-like experience, as the boat carries her off, Dunnet Landing is like a mirage. The natural aspect, the fish, reflect this, unaware of where they are or what dangerous predator looms above them. The narrator appears suspended in Dunnet Landing during her stay, unaware of what she is experiencing, but at the same time

having a deep impression of having dreamt of something profound. Most notably, as she turns around to look back at Dunnet Landing, it is gone: “[T]he islands and the headland had run together and Dunnet Landing and all its coasts were lost to sight” (131).

Returning to consciousness, the narrator returns to her life as she had known it before as the boat carries her away. Consciousness here is defined as existing in the present, but is also attached to a changeable perception of the mind. When perceptions are altered, such as during a stay in Dunnet Landing, the narrator perceptibly senses these changes, though she is unable to fully articulate the experience. The extent of knowledge and perception of experience is explored, and Jewett leaves open interpretations of experience as something that could exist in multiple locales, or multiple sites.

Psychotherapeutics: Hypnosis to Narrative Recounting

Boston progressives were exploring early forms of psychoanalysis via patient history, and the progression began with hypnotism. “Artificial separations sometimes have been drawn between a ‘first’ dynamic psychiatry based on hypnosis and a ‘second’ based on non-hypnotic methods. In fact the second evolved directly from the first. Every major American psychotherapist and psychoanalyst, from James Jackson Putnam and Morton Prince to A.A. Brill, began his psychotherapeutic apprenticeship with hypnotic methods” (Hale *Freud* 123). Morton Prince argued in the journal *Brain* in 1891 for “the power of thoughts and feelings”; “Emotion, consciousness, and will could alter reflex patterns of association and direct them in new channels” (Hale, *Freud*, 124).²² While

²² Nathan Hale discusses this in depth in *Freud and the Americans*, particularly Prince’s study in France at Nancy with Hippolyte Bernheim where he comes to disagree with Charcot on hysteria. Charcot believed hysterics had different memory function than normal patients, but Prince diverged. However, hypnosis was

psychotherapy has further fame and influence in the United States after Freud's visit in 1909, hypnosis and its early studies during the late 19th century in New England are important in the development of psychological thought.

In his beginning studies on the unconscious, William James experimented with hypnotism to help patients recall repressed memories, much as Freud was doing in Vienna at the time. In 1890, James records a case study in *Principles of Psychology* of a patient named Mr. Bourne who had memory loss and multiple personality disorder (though not called by this term at that point). Mr. Bourne had often assumed the name and behavior of a Mr. Brown. The man did not remember his actions as Mr. Brown in waking life. James convinced the man to submit to hypnotism to see "whether, in the hypnotic trance his 'Brown' memory would not come back" (*Principles* 392). As James records, "It did so with surprising readiness; so much so indeed that it proved quite impossible whilst in his hypnosis to remember any of the facts of his normal life" (*Principles* 392). This convinced James of hypnotism's therapeutic properties, the existence of the unconscious, and its potential for helping patients. Studying hypnotism led those such as James to develop theories of the unconscious and understand the importance of accessing hidden memories to better grasp the mind's function.

The use of hypnosis and the repression of uncomfortable thoughts in an unconscious mind were foundational for Freud and saw increasing validity in psychological circles at this moment. "Freud considered repression and anxiety the two foundation points of his theory. Repression of uncomfortable, frightening, or socially unacceptable thoughts was ubiquitous, and perhaps necessary" (Engel 8) In Freud's

important to Prince in looking at the early notion of the subconscious, which accords more with Freud's theorizing in Vienna at this time.

practice, “the patient simply allowed her mind to wander and spoke whatever thoughts came into her head, however odd, embarrassing, vexing, or socially unacceptable” (Engel 9). In 1895, William James “argued that the discovery of the subconscious had shattered all previous notions of the self as a unity and of the mind as operating with ideas immediately available to consciousness and to common sense” (Hale *Freud* 110). By 1909, new forms of psychotherapy “made acute the first crisis of the somatic style” of the 1880s and 1890s that focused on ideas such as nerve energy and mental disease as originating in the body instead of the brain (Hale *Freud* 110). In addition, Morton Prince “strongly argued for a continuum between normal and abnormal” (Hale *Freud* 121). For the first time, abnormal psychology began to be studied by those like Prince and James Jackson Putnam not as categorically divided into normal and abnormal, but on spectrums where disease could affect a patient and the patient could be returned to normality. These physicians created “their own ‘scientific’ psychotherapy,” solidified within the realm of the Boston School (Hale *Freud* 121). The implementation of spectrums of knowledge and normality adds further complexity to a subject that seemed fixed into strict categories. While the ideas of a spectrum of normality were not formally fixed in psychological theorizing for some time, Prince’s contributions began to undo the strict theoretical structuring of mental disorder.

Jewett uses the narrator’s experience in *Pointed Firs* with Captain Littlepage to explore hypnosis as a treatment for accessing memory and the unconscious as well as to assert the importance of narrative. The narrator turns to her own use of hypnosis after her period of inculcation from Mrs. Todd, inducing the elderly seaman into a trance. When the narrator meets Littlepage, a resident of Dunnet Landing and a retired sea captain, she

thinks back to Mrs. Todd's "dark reference" to his "'spells' of some unexplainable nature," which Mrs. Todd partially explains by his having "overset his mind with too much reading" (15). As Littlepage begins to talk about his seafaring years, the narrator notes that "Now we were approaching dangerous grounds" (15). Yet the narrator also reveals, "a sudden sense of his sufferings at the hands of the ignorant came to my help, and I asked to hear more" (16). The "ignorant" seems to refer to the residents of Dunnet Landing, who have discounted Littlepage, or other medical doctors who have dismissed him. The narrator appears as a new medical provider, allowing Littlepage to begin to unearth his tale from his unconscious and perhaps recover some state of normality. Littlepage seems to leave his conscious perception as a swallow flies into the room, and "beat itself against the walls," yet Littlepage "took no notice whatever of the flurry" (17). Instead, he begins to launch into his story of the *Minerva* and the experience he underwent as his ship was stranded in the ice of Greenland and he experiences what he believes to be purgatory.

Littlepage's recollections of the *Minerva* incorporate a hybridity of Jewett's beliefs about the afterlife with those of the unconscious. Littlepage's countenance changes as he tells his story, and the narrator notes to herself that "the dulled look in his eyes had gone, and there was instead a clear intentness that made them seem dark and piercing" (21). Through suggestion, Littlepage appears to reach a deep recess of his mind, and as the narrator notes, he "fell into a reverie" (21). The narrator prods his recollections, the dream-like encounter with the "blowing gray figures," the "waiting-place between this world an' the next" encountered on his voyage (24). When he describes the final part, Littlepage once again has a "strange look in his eyes" (24). As he

finishes his tale, he is looking at the map of North America on the wall of the schoolhouse with a “look of bewilderment” (26). Littlepage taps into his unconscious as the narrator directs him through this moment of hypnosis with suggestion and then is pulled from it as his narrative ends. As he makes his goodbye, the narrator records that he “rose with dignity” and invited the narrator to his home, inviting another session of discussion. When he does leave, the narrator notes to herself that the captain’s mind “had now returned to a safe level” (28). The treatment over, the narrator feels confident that Littlepage has revealed some unconscious thought, and is secure until the next meeting. The “spells” that Littlepage encounters are “trained” out by suggestion with the narrator’s confrontation. Jewett focuses an eye on progressive medical practice and creates a clinician who has some understanding of the more mysterious workings of the mind and its function while not discounting the ability of the mind to connect to others or with the afterlife. The idea of the varied layers of the human mind, its abilities, and the existence of an unconscious are revealed in this episode.

A similar experience occurs with Elijah Tilley as he and the narrator meet. Initially, Elijah is standoffish: “At first he had seemed to be one of those evasive and uncomfortable persons who are so suspicious of you that they make you almost suspicious of yourself” (120). Not prone to talking, Elijah and the other fishermen had “an alliance and understanding between them, so close that it was apparently speechless” (120). The narrator considers Elijah and the other fishermen and “often wondered a great deal about the inner life and thought of these self-contained old fishermen; their minds seemed to be fixed upon nature and the elements rather than upon any contrivances of man, like politics or theology” (120). Jewett’s narrator questioning Elijah and the

fishermen's minds points not only to an outsider's view of the "ancient seafarers," but also the quality of their interior thoughts and why they exist in the manner they do. The narrator immediately thinks of the way Mrs. Todd had spoken of Elijah and the loss of his wife, prompting the narrator to pity but also to encouragement through Mrs. Todd's informal training for further exploration of Elijah's makeup and character. The narrator appears to complete a kind of analysis of Elijah, assessing his inner life and deliberately propelling him toward further conversation.

The narrator's visit to Elijah's home, more than an outsider simply getting to know the villager, results in a narrative exchange that opens Elijah to memory and emotion. After prompting from the narrator, Elijah "agreed, by a sober nod" to have the narrator visit. The narrator asks about Elijah's deceased wife as they sit in his kitchen and Elijah reveals that he still mourns her, keeping the house exactly as she kept it. "I was the only one knew just how she liked to have things set, poor dear" (120). He notes, too, that she is so present that he believes she may reappear suddenly at some point. "I get so some days it feels as if poor dear might set right back into the kitchen," he tells the narrator (120). Before the narrator departs, she notices a tear "shining on his cheek" (125). The influx of language in this episode of both memory and feeling reveals the semiconscious aspects of the mind accessed through narrative, as well as the paranormal experience of the deceased interacting with the living. With the palliative efforts of a medical person, as in the narrator's gentle questioning, Elijah's memories appear and unlock his voice and affect. Previously curt, through experience with the narrator Elijah moves to expressiveness. The episodes with Elijah and Captain Littlepage suggest the importance

of narrative recounting, and that through hypnosis or suggestion, some unconscious part of the mind exists, and may be brought to the surface as a useful medical tool.

As in the narrator's mention of the unconscious while writing, narratives whether spoken or written appear therapeutic, something Jewett purposefully includes. Both Elijah and Littlepage appear relieved in discussing their narratives with Jewett's narrator and unlocking some unconscious feelings or memories. There remains a Jamesian ambivalence in the conception of the unconscious as the spiritual world is recalled; the narrator uses multiple tools of therapy and ways of understanding the mind, including the possibility that there may be connection to a spiritual and Godly world at the same time that scientific methods of hypnosis and access to the unconscious are leveraged. Jewett explores the line between the medical materialism of a physician and the less empirical world of the paranormal, but provides space for both.

Mind Cure and Christian Science

Christian Science's main argument was against traditional medicine and toward the embrace of self-reliance and religion to cure one's ills. Supporters of Spiritualism found similar aims in Christian Science, particularly through religion as a means of easing or denying difficult events. "Christian Science addressed the same basic needs that drew investigators to Spiritualism: it provided consolation for the bereaved by denying the reality of death, hope for the sick by denying the reality of disease, and support for the irrelevance of Calvinism by denying the reality of evil" (Braude 184). As Nathan Hale notes, "Christian Science and New Thought practitioners flourished, taking patients from neurologists, and what was more galling, curing them" (*Freud* 121). The new

therapeutics and “mind cure” provides its followers with new trajectories to empower themselves, but also combines the fundamental aspects of religion with those of mental health.

In *Pointed Firs*, the presence of mind healers and women-to-women practitioners are incorporated to emphasize the gendered aspects of medicine and to exhibit women in positions of power within the medical sphere. As Christian Science provides an outlet for women to play an active role as practitioner rather than patient, it revises gender roles into new domains. “Like Spiritualism, Christian Science further conflicted with regular medicine by proposing an egalitarian relationship between healer and patient, in which anyone healed by Christian Science could go on to become a practitioner” (Braude 184). The placement of the narrator under the care and watchful eye of Mrs. Todd is deliberate on Jewett’s part; as the narrator lives with Mrs. Todd, their woman-to-woman relationship is advanced through the business of healing. Beyond Mrs. Todd’s business of herbalism, which will be discussed, the connection of the mind between the two women is an important axis of the novel. Jewett uses this as an example of new possibilities in the world of medicine, as women teach one another. The narrator in *Pointed Firs* notes she and Mrs. Todd began a “deeper intimacy”: “I do not know what herb of the night it was that used sometimes to send out a penetrating odor late in the evening... Then Mrs. Todd would feel that she must talk to somebody, and I was only too glad to listen. We both fell under the spell” (6). The act of talking cements the intimacy between the two, but there is an additional measure of interaction. There is an emphasis on the exchange of knowledge, as from teacher to student, particularly along the pathways of alternative medicine. The narrator’s experiences with Littlepage and Elijah are added “patients” the

narrator has taken from Mrs. Todd on her journey through medicine and its practices.

After the narrator accompanies Mrs. Todd, “taking an occasional wisdom-giving stroll in Mrs. Todd's company,” the narrator is viewed as an apprentice. Mrs. Todd tells the narrator, “All you lack is a few qualities, but with time you’d gain judgment an’ experience, an’ be very able in the business. I’d stand right here an’ say it to anybody”

(6). The teacher-apprentice model aligns well with the practitioner roles accorded to followers of Christian Science. More importantly, Jewett uses the relationship between the two women and the narrative of care and concern as a representative of the kind of self-support women of this moment utilized. Women like Mrs. Todd could practice their own form of spirituality and medicine, and pass it along to others for their own use.

The independence represented by Mrs. Todd helps in overturning certain gendered notions of domesticity that dominated narratives of the 19th century. As Cecelia Tichi discusses of women regional writers, rather than “nostalgic” narratives, those like Jewett use regionalism “to negotiate the issues of their own particular historical moment” (Pryse, Fetterley 54). Jewett, as with other writers “stirred” by the “new woman,” wrote “a fiction of iconoclasm, a scathing indictment of the status quo” (54). Tichi notes that *A Country Doctor* is Jewett’s feminist manifesto and *Pointed Firs* is less so in short story form, but still purposeful in positioning herself as an iconoclast reacting against contemporaries (Pryse, Fetterley 55). She pairs Jewett with other New Women such as those used in this project, including Charlotte Perkins Gilman, Edith Wharton, and “the young Gertrude Stein” who “embodied new values and posed a critical challenge to the existing order” (*CLHUS* 597). In focusing on domestic women and their roles outside of that sphere, particularly in medicine, a new sort of independence is initiated. In Lora

Romero's *Home Fronts*, domesticity of the 19th century is complex, with both "antipatriarchal motivations" and at the same time "always on the verge of reproducing patriarchal culture's male gaze" (22). Mrs. Todd as unmarried, a business owner, and a healer, follows with Romero's theorizing about the domestic space and its perils. While Mrs. Todd admits there was once a lover, inviting the safety of heteronormative structures, she exists at the same time as a character that resists classification, one of Jewett's main aims in the novella. There is an element of nostalgia inherent within Mrs. Todd's characterization. While Mrs. Todd cooks often at the stove and gossips with the neighbors, she also maintains a business and a boarding house within her home. This helps to strengthen Jewett's assertion that the nostalgic emphasis is also futuristic. Women practitioners exist as traditional at the same time that they are practitioners of the future. Jewett points out that less distinction should be made between "old" and "new" practices and borders of medical disciplines and gender and more consideration given to an open-mindedness toward alternative and women's practices. Mrs. Todd, despite her "old-fashioned" qualities and calling to previous eras, provides important tools and knowledges that can create better medical practice.

Religion appears as a less successful remedy for conflict than contact and understanding of a woman healer like Mrs. Todd, particularly in the case of Joanna. Joanna's story is told to the narrator upon the occasion of a visit from Mrs. Fosdick, as she and Mrs. Todd reminisce about villagers they once knew. Mrs. Todd and the Reverend Mr. Dimmick had gone to visit Joanna, the solitary resident of Shell-heap Island, the recluse who had removed herself long ago from the rest of the community. In the story, the Reverend approached Joanna to attempt to bring her back to Dunnet

Landing. The Reverend asked Joanna during the visit if “she felt to enjoy religion in her present situation,” which Mrs. Todd thought was “accusin’ her” (75). While the Reverend retreats uncomfortably without success, Mrs. Todd has a better response. As Mrs. Todd recalls of Joanna, she “kissed me real affectionate, and inquired for Nathan before she shook hands with the minister” (74). After the tense encounter with the Reverend, Mrs. Todd “hugged her tight, just as if she was a child. ‘Oh, Joanna dear,’ I says, ‘won’t you come ashore an’ live ‘long o’ me at the Landin’, or go over to Green Island to mother’s when winter comes? ... I burst out crying. I’d had my own trials, young as I was, an’ she knew it” (76). Here Mrs. Todd herself has an emotional encounter with Joanna, and in turn, Joanna reveals her own deeply held secret, the reason she has stayed on the island and never returned to Dunnet Landing: “I have committed the unpardonable sin; you don’t understand...I was in great wrath and trouble, and my thoughts so wicked towards God that I can’t expect ever to be forgiven” (76). Joanna reveals that she was left by her fiancé before their marriage. Following this monologue, Mrs. Todd notes that they fell quiet, as Joanna “seemed to have said all she wanted to, as if she was done with the world” (77). Both Mrs. Todd and Joanna appear to be healed in some sense through their encounter. While formal religion and the efforts of Reverend Dimmick are unsuccessful, Mrs. Todd helps Joanna uncover her narrative and bring a sense of purpose to her reclusive existence. Without Joanna’s story, the residents of Dunnet Landing would continue to conjecture, and Mrs. Todd helps Joanna through an affective bond and the sharing of narrative.

As Jewett reveals, the importance of connection of the mind, whether to a supernatural force, or to another, is necessary. In retelling the story of Joanna, Mrs. Todd

and Mrs. Fosdick agree she was “doomed from the first to fall into a melancholy” (65). Mrs. Todd appears to diagnose Joanna further, as she says, “’T is like bad eyesight, the mind of such a person: if your eyes don’t see right there may be a remedy, but there’s no kind of glasses to remedy the mind. No, Joanna was Joanna, and there she lays on her island where she lived and did her poor penance” (78). Jewett’s metaphor of sight here applies to the working of the mind. Mrs. Todd’s declaration that there are no kind of glasses to remedy the mind points to the complexity of the inner mind’s workings that both herbalists and doctors, or those practicing Christian Science, cannot seem to unravel. Sight here also signals normality and abnormality, in that Joanna’s mind has “bad” sight, suggesting sickness compared to normal “vision” within the mind. Vision and sight may be further understood as linked to consciousness and unconsciousness, the “mind’s eye” a lens into the unconscious layer.²³

During Joanna’s funeral back on the mainland, a wild sparrow living on the island Joanna had trained came and sat upon her coffin and sang. While Reverend Dimmick “was put out by it,” Mrs. Todd thinks the bird “done the best of the two” (79). While traditional religion holds open no doors for alternative measurings of events, Mrs. Todd sees an openness in understandings of her friend and even to that of the afterlife. Jewett’s interest in the afterlife is connected here in Mrs. Todd’s declaration of Joanna’s status and death, but the interpersonal connection of “mind cure” of Christian Science is equally

²³ The term “mind’s eye” is of interest here. The origin of the expression likely comes from Shakespeare, and Hamlet. As Hamlet tells Horatio, “My father! – methinks I see my father. ...In my mind’s eye, Horatio” (653) and “A mote it is to trouble the mind’s eye” (646). Though not directly stated in Jewett’s novella, the term makes a connection between a physical idea of vision and the inner working of the mind, creating a new kind of vision. Alternative kinds of insight, or sight, in general, appears of interest to Jewett.

influential in providing new pathways and suggestions for thought regarding mental welfare.

Herbalism and Patent Medicines

In Jewett's text, Mrs. Todd is a learned herbalist. The text includes focus on the herbs in Mrs. Todd's garden as well as episodes of Mrs. Todd collecting them throughout the village. One of Mrs. Todd's main activities involves giving herbal remedies to local neighbors and those from surrounding areas. When the narrator first arrives, one of the immediate focal points is Mrs. Todd's garden:

It was a queer little garden and puzzling to a stranger, the few flowers being put at a disadvantage by so much greenery; but the discovery was soon made that Mrs. Todd was an ardent lover of herbs, both wild and tame, and the sea-breezes blew into the low end-window of the house laden with not only sweet-brier and sweet-mary, but balm and sage and borage and mint, wormwood and southernwood (3). Rather than random, Jewett's naming of the herbs may be purposeful. As written in *A*

Modern Herbal, wormwood can "relieve melancholia" and "bears also the name 'Wermuth' - preserver of the mind - from its medicinal virtues as a nervine and mental restorative" (Grieve 860). Southernwood, in combination with wormwood, creates a stimulant and "possesses some nervine principle" (Grieve 755). As *Alewife's Garden* also notes of borage, "Borage for courage! The old folk saying still holds true" in reference to its property as a stimulant (7). Borage is a "tonic herb that strengthens the nerves" and "midwives recommend Borage ale to increase a nursing mother's milk supply and to prevent post partum depression" (7). In a 1697 text for midwives, it recommends borage and "Penny-royal" as part of a list of herbs that aid with "distemper of the Womb" and are "most commended" (Pechey 203). It may not be coincidental that these herbs all may have an effect on nerves, something that many in the medical community were debating

at this moment. The inclusion of herbs with notable effects on the mind or on nerve energy reflect on the kinds of medicines that appear useful at this moment. Jewett's notation of these herbs used by Mrs. Todd also opens consideration of herbalism as more effective than those such as physicians may think. While seemingly innocuous, the herbs of Mrs. Todd's garden are positioned with the potential of being potent antidotes to contemporary illnesses.

Mrs. Todd's herbalist profession opens further questions of institutionalization of medicine and physician authority over knowledge. While physicians discount herbalists as belonging to the same alternative circles as Christian Scientists, or depending on the knowledge of housewives' home remedies, Jewett's portrayal of Mrs. Todd's herbalist practice invites pause. As Catherine O'Sullivan writes in *Reshaping Herbal Medicine*, "Although such methods differ from modern practices, they are not necessarily less rigorous or less effective in terms of professional formation" (3). Ownership of knowledge and assumptions of categorization of right and wrong appear as obstacles within the medical field. As with ancient Eastern medicine with different origination, its validation comes from a different source, and thus is discounted in Western models, particularly via assumptions of its model as holistic. O'Sullivan also notes, "By and large, the tendency is to regard Eastern forms of traditional medicine as grounded in an encompassing philosophy, and as historically holistic" (100). Certain forms of Eastern medicine, like herbalism, O'Sullivan points out, are symptom-based rather than system-oriented, similar to traditional Western methodology. Herbalist practice in Jewett's text seems to open similar consideration of alternative medicines and why, particularly in the late 19th century, they are discounted and moved to alternative status. Jewett reopens the

question of medical knowledge, who owns it or should own it, and the thorny problems of elitism, categorization, and assumption that particularly effect medicine at this moment.

In part, medical practices such as herbalism's impetus toward self-help is one reaction against medical institutionalization. The previous wave of Thomsonianism that emphasized the use of herbs allowed for self-help and was against physicians, who were viewed as ineffectual. During the mid-19th century, "Americans in increasing numbers were growing suspicious of the purported benefits of repeated bleedings and calomel dosings" (Numbers 55). Herbs allowed "common people" to "trust in the healing power of nature" and they "could be sure that their domestically prepared medicines would be 'pure, genuine and unadulterated' unlike those often prepared by apothecaries, or worse yet, their apprentices" (Numbers 56). Treating oneself independently of a physician allows a certain protection and an undoing of power structures that impose the necessity of medical knowledge, and its latest versions, upon the patient. As Mrs. Todd seems to embody, the practice of herbal medicine is free of oversight and, equally importantly, undoes the necessity of the doctor-patient relationship.

Self-reliance acts as an element to resist the physician but also to avoid him in more sensitive moral issues or issues of women's health. Toward the beginning of the narrative, Jewett notes, "This was in pennyroyal time, and when the rare lobelia was in its prime and the elecampane was coming on" (9). Pennyroyal is a remedy used sometimes as an abortifacient, and "the use of pennyroyal to induce abortion dates back to ancient Rome" (Fetrow 415). Though it also may be used for other common ailments such as chest congestion, flu or toothache, it has additional measures of interaction with women's

reproductive systems (Fetrow 415). The fact that pennyroyal is mentioned implicates the woman-to-woman practitioner in the text and a reformulation of the normal male-female doctor-patient relationship. Self-help for women using herbs allowed them to escape embarrassing interactions with male physicians. In using self-directed remedies “women escaped ‘the necessity of consulting the other sex, with all its attendant indelicacy and mortification’” (Numbers 56). The relationship of Mrs. Todd to the narrator, and Mrs. Todd and her patients, is important here for its connection to the self-help movement. In delicate matters such as abortion the idea proposed by those like Lydia Pinkham, of women helping other women, appears more attractive.

However much institutionalization of physicians and their elitism deserves critique, Jewett also positions Mrs. Todd as one who capitalizes on her remedies. Mrs. Todd’s garden is described as a “rustic pharmacopoeia”, with “great treasures and rarities among the commoner herbs” (4). The garden contains items that are not only useful as edible or fragrant items, but are valuable in medical applications. These herbs “might once have belonged to sacred and mystic rites” yet are now part of “humble compounds brewed at intervals with molasses or vinegar or spirits in a small cauldron on Mrs. Todd’s kitchen stove” (4). Brewing her compounds with “molasses or vinegar or spirits” on her kitchen stove, Jewett inserts subtle reference to Lydia Pinkham, the enterprising housewife who uses the addition of spirits and some herbs and sells it to local neighbors. Discussion of Mrs. Todd’s herbal remedies appear as though from the point of view of the traditional doctor. The language suggests the herbs were necessary in the past but now exist only as “humble compounds” in her “rustic” medical supply. Further, their relation to “sacred and mystic rites” points less to their value in the past as much as to

religions that do not conform with current Judeo-Christian ideology. This appears to suggest shades of paganism or sorcery, the “white witches” Marjorie Folsom describes. It may also suggest quackery, or less valuable practice than more modern applications and technologies of medicine. It serves, too, as a way for Jewett to redirect attention from older forms of medicine and put in a vote of favor for new forms of medical science. Jewett shows a certain condescension and disapproval of local townsfolk who rely upon stove-brewed remedies as surefire solutions. The garden as a “rustic” pharmacopeia presents it as a space of primitive means, where Mrs. Todd can only wield so much power, rather than the more precise and technical expertise of the local doctor.

Jewett reveals limitations for women in medicine who practice herbalism in a similar manner in *A Country Doctor*. Nan, the protagonist, is not satisfied with herbal healing such as that practiced by Eliza Dyer. Dr. Leslie remarks to Nan as she watches him on his rounds in the neighborhood, “You will be the successor of Mrs. Martin Dyer, and the admiration of the neighborhood” (178). Nan realizes that being an herbal healer is useful, but only to a certain point. Nan would be “next to the doctor himself” as the “authority on all medical subjects” (29). Second place does not appeal to Nan, and she renounces marriage and social propriety by continuing on to medical school at the end of the novel, against the community’s expectations. Nan wants to “move beyond the limitations of the rural women’s world,” which includes the less powerful position of herbal healer (Donovan 20). As Donovan also describes of a reference to golden apples in the text, Nan’s move into medicine is to “leave the mother’s garden, the female world of love and ritual, for the new realms of patriarchal knowledge that are opening up to women” (17). The world of herbalism pertains symbolically to the woman’s role, grown

in the woman's home garden, and less effective than the masculine presence of the local doctor who represents modernity and medicine. The village doctor moves effortlessly between private and public space, unlike the herbal healer confined to home remedies and local reputation. As Nan must renounce marriage in order to become a physician, Jewett comments on the limiting roles and lack of social acceptance for women attempting to gain new roles in the medical sphere. Jewett's earlier text emphasizes equally the issue of women's roles in medicine and promoting women's access to medical training.

Mrs. Todd's remedies and her effectiveness as a practitioner in *Pointed Firs* are further discounted as the narrative progresses, as though from the viewpoint of the village physician. Mrs. Todd distributes her remedies under a guise of secrecy; the herbs "were dispensed to suffering neighbors who usually came at night as if by stealth, bringing their own ancient-looking vials to be filled" (4). Neighbors coming to Mrs. Todd's home at night suggests illicit behavior, hidden from the prying eyes of the citizens of Dunnet Landing. The primitive qualities of Mrs. Todd's practice are invoked as those seeking Mrs. Todd's aid bring "ancient-looking vials," suggesting folk remedies that have been used repeatedly with doubtful efficacy, or are unhygienic. As the narrator continues, "One nostrum was called the Indian remedy, and its price was but fifteen cents; the whispered directions could be heard as customers passed the windows" (4). The use of the word nostrum accords Mrs. Todd status as a regional herbalist, but also reveals her medication as quackery. The term nostrum was often used in conjunction with descriptions of patent medicines rather than actual medical products. The term "Indian remedy" has notorious meaning, conflated with the beginning of the patent medicine movement, particularly the Indian medicine show, which would travel town-to-town

selling “ancient Indian remedies” such as Sagwa (McNamara 431). Small towns and villages were “the natural home” of the medicine show, and “the showman’s favorite audience [was] a crowd of eager rustics.” The Kickapoo Indian Medicine Company of New Haven ended up as a “titan of the patent medicine industry” at the end of the 19th century (McNamara 431). Mrs. Todd appears to profit from her medicines with willing neighbors, linking her both to patent medicine manufacturers and to the male physician’s view of women practitioners who disapprove of folkloric practice.

The connection to Lydia Pinkham continues with Mrs. Todd’s relationship to her neighbors and her role as an advisor.

With most remedies the purchaser was allowed to depart unadmonished from the kitchen, Mrs. Todd being a wise saver of steps; but with certain vials she gave cautions, standing in the doorway, and there were other doses which had to be accompanied on their healing way as far as the gate, while she muttered long chapters of directions, and kept up an air of secrecy and importance to the last (4). With long instructions for “doses” and “chapters of directions,” Jewett references the many pamphlets and literature that accompanied patent medicines or were distributed freely in many communities. Patent medicines are connected to moral behavior, as with Pinkham. As the narrator notes, Mrs. Todd is a widow “who had little besides this slender business and the income of one hungry lodger to maintain her” (5). This further recalls Lydia Pinkham, using her entrepreneurial skills in times of hardship. Eventually, the narrator was allowed further into Mrs. Todd’s business and “act[ed] as a business partner during her frequent absences” (5) as Mrs. Todd goes on herb-gathering trips. Apprenticed in both woman-to-woman connection with Captain Littlepage and Elijah Tilley, Mrs. Todd continues the apprenticeship here in the methods of herbalism.

Even the introduction of Mrs. Todd's spruce beer, which gains her popularity among her neighbors, is reminiscent of patent medicine manufacturing. As the spruce beer is described, this "old-fashioned" drink had been "brought to wonderful perfection" only "through a long series of experiments" (5). Jewett gives Mrs. Todd the wily intelligence and acumen of a larger business owner. The language is more advertorial and akin to propaganda, the "cooling and refreshing drink" that had "won immense local fame", with "customers [who] were pretty steady in hot weather" (5). Spruce beer is only one of the products that Mrs. Todd appears to sell, as "there were many demands for different soothing syrups and elixirs" as the narrator finds out, through "unwise curiosity" (5). That the narrator's curiosity is "unwise" returns to Mrs. Todd's characterization as someone who serves the village in a secretive medical capacity, in part through the less secretive guise of selling spruce beer to willing buyers.

Mrs. Todd's popularity for her medical products is further encountered as patients come from outlying villages for treatment; the emphasis on women-to-women healing and folk knowledge returns. When haying-time is over "strangers began to arrive from the inland country" to Dunnet Landing for Mrs. Todd's remedies, "such was her widespread reputation" (8). The narrator witnesses various patients come to Mrs. Todd. Of one woman visitor: "It may not have been only the common ills of humanity with which she tried to cope – it seemed sometimes as if love and hate and jealousy and adverse winds of the sea might also find their proper remedies among the curious wild-looking plants in Mrs. Todd's garden" (4). Beyond the connection to Lydia Pinkham as a moralizer, which Mrs. Todd incorporates into her lectures to her patients, there is an emphasis on narrative as patients speak with Mrs. Todd at length to gain relief. In another

case, the narrator notes, “Sometimes I saw a pale young creature like a white windflower left over into midsummer, upon whose face consumption had set its bright and wistful mark; but oftener two stout, hardworked women from the farms came together, and detailed their symptoms to Mrs. Todd in loud and cheerful voices, combining the satisfactions of a friendly gossip with the medical opportunity” (8). While there is emphasis on the importance of medical knowledge here, it is accompanied by an emphasis on woman-to-woman connection, similar to Christian Science practitioners. Though the topic is gossip, it encourages interpersonal connection, something male doctors cannot achieve. The doctor-patient power structure is reformulated, as women talk to each other as peers rather than as a patient conferring with a higher authority. Here, the patient’s narrative is not directly related to cure, but acts in an equally curative manner. Mixing Mrs. Todd’s herbalism skills and her status as semi-professional also works to allay the stereotypes of domestic women communicating with one another. Jewett brings a complex situation to bear, asking whether women’s relationships within medicine are disregarded too quickly by mainstream doctors, or whether herbal remedy is, or should be, viewed as similar to gossip: useless but harmless.

Mrs. Todd’s expertise rests not on professional medical training, but on communal knowledge and remedies tied to time-tested rather than scientific experiment. The narrator records that the women visiting Mrs. Todd “seemed to give much from their own store of therapeutic learning” (8). The interplay of knowledges again suggests the existence of women-to-women practitioners and the efficacy of alternative methodology. Jewett views the women’s knowledge as “therapeutic learning,” suggesting both useful and valid knowledge, though the “school” in which Mrs. Todd learns these skills is less

formal. The narrator notes that “I became aware of the school in which my landlady strengthened her natural gift” (8). Rather than formal training, Mrs. Todd’s knowledge stems from natural talent for growing herbs and caring for others, as well as knowledge exchanged with other rural women. Mrs. Todd’s “spirited and personal conversation” is overheard by the narrator in giving instructions to one of her patients (8). Jewett seems to promote women-to-women’s relationships and their practice of alternative medical knowledge but at the same time presses on the local doctor’s perspective of the women as using a dubious and ineffective methodology.

That Mrs. Todd practices somewhat in secrecy represents a remnant of a world unwilling to accede fully to science and its new methods. While Jewett recognizes the power of science, local medicine such as Mrs. Todd’s is viewed as something that ties a community together. In light of modern doctor-patient relationships and the issue of trust, Jewett positions Mrs. Todd as a representative of times past when community and local doctors relied more on trust than effective methods of cure. In some ways, while many in the Boston School agree readily and easily to change, Jewett highlights smaller communities where change is not as simple or readily accepted. While not a vote for the return to “simple” living and its idealistic qualities, Jewett does use Mrs. Todd as a reminder of the difficulty for many to change ways of living and habit, and more importantly, to change sources of trust. Particularly in regards to health, trust may mean placing one’s life in another’s hands in a literal manner. For this to change, it is not a simple undertaking. While progressive scientists may quickly jump to making changes and taking on new schools of thought in a rapid manner, Jewett understands local communities less versed in medical knowledge who rely on habit and trust for their

medical needs. Similarly, Jewett appears to regard trust as a quality easily left behind at the turn of the century as medical professionals turn to technologies and experiments rather than human nature or actual practice. The connection and trust Mrs. Todd retains with her patients exists for Jewett as something the newly minted doctor at the forefront of medicine could still learn from.

The push and pull of modernity is made apparent in the small community of Dunnet Landing. While the lack of merchant activity has reduced the once busy seaport of Dunnet Landing to a close-knit village closed off to the world, Jewett proposes that entire reverence of the past may be dangerous. When Mrs. Todd and Mrs. Fosdick discuss the past, they mention Dr. Bennett, who used to care for the neighborhood, sailing bravely out to those on surrounding islands. Mrs. Todd references her mother and this past generation under Dr. Bennett, as she says, “[H]ow well he used to brave the weather...Mother always said that in time o’ trouble that tall white sail used to look like an angel’s wing comin’ over the sea to them that was in pain” (71). The older generations’ reverence of doctors with skill only to alleviate pain, or bring the patient carefully into death – the sail a reference to the coming of an angel of death – is fruitless worship. Jewett appears frustrated in the backward-looking reminiscing of Mrs. Todd and Mrs. Fosdick and fights against the role of women as relegated to gossips, observers, and manufacturers of patent remedies that are less than helpful. While certain women dwell in nostalgia, progressive thought is carried on outside the village’s borders in the cosmopolitan community.

The local doctor exists as a subtext to the novella, a consistent presence in the background. His lack of presence (without even a name beyond ‘the local doctor’),

suggests his identity threatens the community on the edge of their own consciousness, or unconsciousness. The interplay with Mrs. Todd in the opening episode, which first appears as light-hearted banter, is symbolic of the contemporary debate and the very essence of the argument. The doctor holds an apparent herb of Mrs. Todd's in the moment he "twirled a sweet-scented sprig in his fingers" (4). Jewett notes that the doctor is a "good man" who warns Mrs. Todd of her behavior, which could "endanger the life and usefulness of worthy neighbors" (4). While this seems to be Jewett's indictment of Mrs. Todd, in the same passage, the doctor is shown taking equal advantage of unknowing patients. The doctor appears to wait for the damage done by Mrs. Todd's remedies, and makes himself available to swing in as heroic savior. He "could count upon the unfavorable effect of certain potions" of Mrs. Todd's, that he could "find his opportunity in counteracting" (4). We learn that in the case of Mrs. Begg, both Mrs. Todd and the doctor had tried their medical approaches and knowledge, to no avail, and it was Mrs. Begg "whose last days both the doctor and Mrs. Todd had tried in vain to ease" (11). Jewett here notes that medicine, regardless of method or theory, is not always an all-powerful force. The local doctor fails as often as Mrs. Todd, reinforcing at times the fruitlessness of the debate over medical practices.

While science and empirical knowledge stand on the local doctor's side, a representative of Boston at this moment, he is not without his weaknesses. Arbiters of modernity that are quick to push forward are not without fault, as Jewett shows. As in the case of Mrs. Begg, even physicians may fail or show less than perfect morality in waiting to minister to patients who suffer at the hands of others. The prejudice against women in medicine appears less than satisfactory, something Jewett emphasizes through the

narrator's experience. The narrator, as a cosmopolitan stranger within the rural community, is apprenticed to a hybridity of treatments such as understanding the unconscious, the afterlife, or the power of the mind and narrative, as well as the possibilities for herbal healing. Mrs. Todd is presented as an herbalist of old relying on older knowledge, yet one who has talent for fostering interpersonal relationships and narratives. Once more, the suggestion is made that medicine is changeable, and the emphasis on categorization is a misplaced one. Jewett suggests modernity is evident not in the act of placing methodologies in categories of right or wrong, but undertaking and using a fluidity and hybridity of practice.

Conclusion

In seeing Sarah Orne Jewett as representative of New England in a historical framework of late 19th century medicine, new understandings of practice, authority, and gender are revealed. Jewett presents a new conception of the medical moment during this time and considers a revised vision for the field's expansion. With close ties to Boston and the ideas of William James, Jewett was aware of the movements that sprung forth; the exploration of the unconscious in the novella speaks to her interest and understanding of Jamesian ideas, as well as a similar struggle in reconciling a spiritual afterlife with the construction of the mind. In terms of Christian Science, the importance of examining the mind-body connection and the usage of religious thought for medical pursuit come to the fore, particularly in reasserting gender roles through woman-to-woman practice.

Jewett's characterizations of Mrs. Todd and the narrator and their interactions with the community of Dunnet Landing afford recognition for the practice of alternative

medicine and herbal healing, and the situation of women healers as maligned and rejected in the medical community despite their social standing among the general population.

Mrs. Todd and the narrator combine various methodologies and use both progressive and traditional medicine as effective tools for medical treatment. Medical men that encourage empiricism and epistemological practice work to remove women and alternative theories that do not coalesce with their own. Yet in doing so, they then must work to reclaim that territory that has come open, previously held by those such as Christian Scientists and herbalists. Jewett presents the debate on proper methodologies and quickly changing theories, but also injects her ideas of involving this complexity by suggesting a reinsertion of alternative viewpoints and women practitioners.

The use of concepts such as the mind and the unconscious are ripe territory for the modern writer, and characters in Jewett's novella imagine new practices for understanding these concepts. Instating both medically-oriented and alternative practices, Jewett creates a forward-facing vision of medicine. Her position as author is used to illuminate the debate as well as suggest alternative solutions. Rather than strict categorizations, Jewett's characters make evident the idea that one cure does not fit all. Women may practice medicine, and may practice various forms of it, both traditional and progressive. Men may practice outdated methods, or may be on the verge of vastly important scientific discovery that should be put into use. Women like Mrs. Todd, while they may appear with primitive methodologies, still hold important purpose as lifelines for communities. The novella's reflection on the medical establishment of this period reveals all of these formulations. Jewett crafts what appears to be a simple tale of a summer in Maine, but upon further examination the complexities of the medical scene

and its alternative environs are unearthed. For this reason, Jewett's text should be considered as an important contribution to the debate on medical and psychological understanding of the moment.

CHAPTER 3

‘STRANGE FUTURES’: ADDICTION, AUTONOMY AND MODERNIZING MEDICAL CULTURE IN EDITH WHARTON’S *THE HOUSE OF MIRTH*

In Edith Wharton’s autobiography *A Backward Glance*, she describes a 1905 exhibition of the aeroplane, the “queer new flying machine,” which “two unknown craftsmen of Dayton, Ohio had invented” (320). Wharton’s confidante Walter Berry witnessed the Wright brothers’ machine “levitate a few inches above the earth,” and was “awed by the possibility of the ‘strange futures beautiful and new’ folded up within those clumsy wings” (320). In Paris during this moment, Wharton notes it was one of “her last years of peace,” filled with nostalgic sights and sounds, “the unravaged cornfields of Millet and Monet...the Champs-Elyses in their last expiring elegance,” and “the smiling suburbs unmarred by hideous advertisements” (320). Beyond the reminiscences of pre-World War I Europe, Wharton appears ambivalent about forces of technology and industry – and modernism more broadly – set to destroy idyllic and stable elements of life as she knew it.²⁴ Wharton records that Wilbur Wright told Walter Berry he could “conceive that aeroplanes might possibly be of some use in war, but never for any commercial purpose, or as a regular means of communication” (320). Technologies and industries that eventually come to redefine culture such as the automobile or the advertisement at first may appear unclear, distasteful, or dangerous instead of promising.

²⁴ In addition, in *A Motor Flight through France*, Wharton again takes a romanticist view of idyllic towns previously inaccessible by train that she drives through in her new automobile in 1906 and 1907. She is unaware, perhaps, of the automobile’s impact on these small European villages. Though she is an early adopter of technologies such as the automobile – she is described by Deborah Clarke as “one of the great champions of the motor car” (30) – there is a nostalgia for the past, and also, I suggest, a fear about new technologies.

Alternately, what can seem innocuous or of limited capacity may blossom into something not easily restrained, the veritable Pandora's box.

Medical culture during the last decades of the 19th century and into the turn of the 20th existed similarly to the development of the aeroplane: with the promise of "strange futures beautiful and new." While the aeroplane levitated, medical culture leveraged new products to facilitate healing. The increased power to remove pain with opiates and the use of the hypodermic were hallmarks of the medical field during this period (Hickman 2). At this time, the perception of opiates as medicine was widespread, and their definition as "drugs" more fluid (Acker 166). Whether headache, digestive pain, nervous prostration, childbirth or otherwise, the specter of suffering is pushed further away by the doctor and patient using medical products. For those seeking treatment, if pain and suffering could be held at bay, it stood to reason these new methods should be embraced even if their underlying mechanisms were uncertain.

New possibilities arrived for the identity of the medicated individual. Often the new medical technologies were divided along class lines; while patent remedies could make one productive and able to return to work, other medications worked in an opposite manner, particularly in the case of leisure class women and opiates. Women of middle or upper class status could obtain prescriptions for opiates from their physician, which allowed for a continuance of immobility. Working women could use over-the-counter or other products for the opposite purpose, to relieve pain in order to continue their labors. While these medicines seemed to promise forward movement and modernity, addiction became a dangerous side effect. As David Courtwright notes, "During the nineteenth century the dominant addict type was a middle-aged, middle-class or upper class female;

the drugs most commonly used by addicts were morphine and opium; and the majority of cases were medical in origin” (110). At its peak, the number of narcotics addicts stood at 4.59 per thousand people in the mid-1890s, though some counted higher: “Various reformers and entrepreneurs ...[convinced] much of the public that that 1 million or more addicts were on the loose during the second decade of the twentieth century (Hickman 2). Tales of addicted patients, often with gendered attributes, began to enter into the public’s consciousness in part through periodicals.²⁵ Though many women were no doubt helped, addiction was a dangerous byproduct of these medical technologies and products.

The presence of addiction forces consideration of the question of autonomy and the modern period. While women patients achieve autonomy in a certain sense in the ability to buy over-the-counter products or obtain prescription medication and take them on their own, consequences arise. Beyond the presence of physical addiction, medical products come with compromise, with handing over authority, and with deception from the medication’s source. Women taking these medications effectively hand their trust over to these mysterious substances. Thus, while women achieve a certain autonomy, the question remains of at what price this autonomy is purchased. The very idea of authority is then compromised; it no longer appears the woman patient is in control of her own treatment but rather gives it over to the physician or manufacturer at this moment. While women appear independent, that same independent woman is a medicated one. Though someone gains in power and authority, it is not necessarily the patient or consumer.

²⁵ One of the most well known is Samuel Hopkins Adams’ series of articles *The Great American Fraud*, published in *Colliers Weekly* in 1905, which detailed many instances of patent medicine manufacturer’s actions and stories of addicted women. An article in the *New York Times* as far back as 1877 entitled “The Opium Habit’s Power” discusses the issue of opium and its addictive properties, including “the responsibility of physicians and druggists” (Dec. 30).

In Wharton's 1905 novel *The House of Mirth*, protagonist Lily Bart is introduced to medical products partway through the novel, and her interactions with medicine are a key focus for the novel's remainder. As Lily attempts to work in a millinery following her fall from social grace, a fellow worker suggests Lily try Orangeine for her headache. Directly following this scene, Lily fills a copy of a prescription taken from Mrs. Hatch for the sleeping medication chloral hydrate and grows increasingly dependent. Implied in this behavior is that Mrs. Hatch is a regular user of opiates, pointing to the common upper class woman prescribed opiates by her physician. Lily grows ever more distraught in her social situation, living alone and virtually penniless in a boarding house. In the final scenes of the novel, Lily fatally overdoses with a few extra drops of chloral.

Many critics have approached *House of Mirth* from a variety of angles, and some have touched specifically on the topic of consumer culture or addiction. Elaine Showalter's article "The Death of the Lady (Novelist)" brings forward important angles on gender dynamics. Wai-Chee Dimock's article "Debasing Exchange" discusses gender and economic attitudes in the text, and Ruth Bernard Yeazell in "The Conspicuous Wasting of Lily Bart" focuses on the male gaze and leisure class consumerism. Most closely aligned with this project is Meredith Goldsmith's more recent article, "Cigarettes, Tea, Cards and Chloral: Addictive Habits and Consumer Culture in *House of Mirth*," which serves as an important jumping-off point. She argues the influence of consumer culture and the habits of addiction are readily visible in Wharton's text. However, this project works to consider more closely the appearance of medical history in the text, the aspects of autonomy and the behavior of self-treatment, and the identity of the woman patient.

This chapter argues that the portrayal of addiction in Wharton's *House of Mirth* is a reflection on women's autonomy and the abilities and power of the modern woman. Rather than a subtext that sits below the main plot of Lily's romantic and social conflicts, I view as fundamental Lily's use of medical products and behavior of addiction. Medicine at this moment offers independence and at the same time provides for a medicated self to function appropriately within class roles. Wharton envisions a new kind of society woman as one that has her own prescribing doctor, while working women self-medicate to continue their labors. Lily's romantic encounters and struggles as an unmarried woman match her struggles in navigating the medical landscape. The medical frontier promotes treatments that promise enlightenment in terms of medical mysteries such as pain or sleep, but in doing so reveals how little is truly known of these matters. Lily is forced to negotiate this new environment of female autonomy and the new roles for women that medicine brings. In the novel as a whole, Wharton reflects on this changing scenario for women, the presence and ethics of autonomy and who holds power, and how social structures interact with medicine.

Medical Culture at the Turn of the Century

The patent remedy Orangeine, which appears in Wharton's novel, is a good example of the type of consumer medical product available at the turn of the century: a shortcut for health, easy to obtain, and dubious in quality. An advertisement for the remedy in *Harper's* in 1906 declared that Orangeine was a "pure remedy" that "secures good health", created by Dr. P.A. Aikman, director of a sanitarium in Ontario (1135). Though touted for its many uses, including colds, neuralgia, indigestion and "blues," it

was often known as a headache powder, which targeted women, seen as more susceptible to headaches²⁶. As Meredith Goldsmith notes, Wharton received a letter from a Chicago ophthalmologist Albert Hale encouraging Wharton to remove the reference to Orangeine by name in the serial printing of *House of Mirth* and replace it with a general term such as headache powder. Wharton did not comply and the direct reference remained. The Orangeine Medical Co. wrote to Wharton offering their thanks for the reference, and samples. It is unclear whether Wharton responded, but she kept the letter. As Goldsmith notes of this, “Wharton’s decision to preserve the letters points toward her concern about addictive behaviors and practices as American culture moved into the consumerist mode of the early-twentieth century” (243). Wharton’s awareness of the patent medicine business and culture of addiction lends weight to the argument for an increased focus on medical culture in the novel.

Orangeine was made up mostly of talcum powder but carried an active ingredient called acetanilid, later found to be dangerous in large doses. An article called “Preying on the Incurables” written by Samuel Hopkins Adams and published as part of the “Great American Fraud” series in *Colliers Weekly* in 1905 describes Orangeine as a dangerous patent medication with harmful ingredients and unclear dosage directions. It was a medication that could impact an entire population, across class lines. “Nostrums, there are... which reach the thinking classes as well as the readily gulled” (32). Adams describes a Dr. J.L. Miller of Chicago who reported the case of a woman patient, Mrs.

²⁶ As Joanna Kempner discusses in her text *Not Tonight* on migraines and their relationship to gender politics and health, headaches through the 19th century are linked to emotion, and in the late 19th century are aligned with nervous illness, and women’s “‘delicate’ temperaments” (29). Even biological conceptions of headache later on “made ample use of highly gendered assumptions related to moral character” (30), and headaches were consistently classified as a ‘woman’s’ symptom/illness.

Frances Robson, in a 1905 *Journal of the American Medical Association* article “Poisoning by Orangeine.” When the doctor was called, the patient had taken “a box of six Orangeine powders within about eight hours.” The patient “was warned of the danger of continuing the indiscriminate use of the remedy,” but “insisted that many of her friends had used it and claimed that it was harmless. The family promised to see that she did not obtain any more of the remedy” (1989). However, three days later, Dr. Miller was called once more to the woman’s house, and found the patient deceased. The coroner reported the woman’s death was “from the effect of an overdose of Orangeine powders administered by her own hand, whether accidentally or otherwise, unknown to the jury” (1989). As Adams mentions, “Occasionally, a death occurs so definitely traceable to this poison that there is no room for doubt.” Orangeine “thins the blood, depresses the heart, and finally undermines the whole system” despite its claim “*to strengthen the heart and to produce better blood.*” As Adams concludes, “[In] the patent medicine field I have not encountered so direct and specific an inversion of the true facts” (32, his emphasis).

Adams goes on to connect the widespread use of acetanilid to a number of deaths due to heart failure in New York City at the time. “In the year 1902 New York City alone reported a death rate from this cause of 1.34 per thousand of population; that is, about six times as great as the typhoid fever death record. It was about that time that the headache powders were being widely advertised and there is every reason to believe that the increased mortality, which is still in evidence, is due largely to the secret weakening of the heart by acetanilid” (32). What appears harmless as a remedy for headache, insomnia, and other ailments includes among its ingredients a toxic product.

Patent medicine manufacturing was wildly popular in the last decades of the 19th century. In 1857, there were 1,500 named patent medicines. In 1902, one medical merchant Charles Crittenton in New York “kept 12,000 proprietary articles in stock” (Young, *Medical Messiahs*, 17). In 1905 “a leading drug journal listed the names of over 28,000 [patent medicines] and the next year a witness before a Congressional committee estimated that there were 50,000 patent medicines made and sold in the United States” (Young, *Medical Messiahs*, 18). These products often had names that would cover over their true activity, such as R.V. Pierce’s Golden Remedy or Lydia Pinkham’s Vegetable Compound, which appears innocuous as though from a backyard garden. In his exposé, Adams opens with the fact that in the year 1905, “Gullible America will spend...some seventy-five millions of dollars in the purchase of patent medicines” (32). Many patent medicine manufacturers were located on the East Coast, centered in Massachusetts or upstate New York where large land areas could be had for manufacturing. Products could easily be sold to drugstores, or through catalog or magazine sale with direct mail order.

The immense amount of advertising for these patent medicines emphasizes its cultural influence. Advertising men often began their careers in the medical field; in the 1890s advertiser Claude Hopkins noted “medical advertising ‘offered the ad writer his greatest opportunity.’” Agencies also counted upon medical advertisements for their business; “Nostrums, as one executive put it, provided the ‘backbone’ of the typical agency’s business” (Young, *Toadstool Millionaires* 101). Patent medicine advertising kept pace with the rapid growth of advertising in general. “In 1900 an expert could remark that never before had the volume of [medical] advertising pamphlets been so large and attractive” with color circulars (Young, *Toadstool Millionaires*, 100). The

power of promotion and skill in advertising could trump the product itself. Addison Crabtree wrote in 1874 of a statement from the proprietor of Coe's Cough Balsam, "I can advertise *dish water*, and sell it, just as well as an article of merit. It is all in the advertising" (Young, *Toadstool Millionaires*, 101, original emphasis). The money spent to advertise medical products increased as the years went on. In the closing years of the 19th century, advertising became extremely costly. "To carry the messages Scott's Emulsion and Lydia E. Pinkham's Vegetable Compound to the American people required the expenditure [on] behalf of each remedy of about \$1,000,000 a year" (Young, *Toadstool Millionaires*, 104). Advertising also became ubiquitous, blanketing periodicals. Just as Wharton describes of the specter of advertising in France during this period and its "hideous" appearance, materialism is visible in the U.S. in a similar way. The capitalist bent appeared as an unfortunate byproduct of the increasing pace of modernity at the turn of the century. Marshall Berman quotes Marx in *All That is Solid Melts into Air*; "All our invention and progress seem to result in endowing material forces with intellectual life, and stultifying human life into a material force" (20). While culturally influential, the trend of advertising medical products reinforces ethical concerns of materiality.

Opioid use in prescription and patent form increased in the post-Civil War era. "Morphinomania" came about in late nineteenth-century culture, where "white middle-class women were designated the prototypical users of opiates like chloral and morphine" (Goldsmith 250). Many patent medicines contained opium as its active ingredient, and women would use the medications on their own through over-the-counter availability as a way to obtain strongly effective remedies quickly. In response to domestic stress, women

could “self-tranquilize” (Kandall 250). “A wide array of patent medicines, many containing opium, were listed in Eaton’s and Sears, Roebuck and Co.’s mail-order catalogues and advertised widely elsewhere” (Boyd 39). As mentioned, opiates worked across class boundaries, impacting the woman laborer and socialite alike. “Through these fleeting portraits of everyday female dissatisfaction—the aimless divorcée, the fatigued woman worker—we see how women across the class spectrum are encouraged to consume drugs as a mean of alleviating pain” (Kandall 250). For mothers at home, medications containing opiates were easy to obtain and helped with pains of childbirth, or with children’s ailments. Particularly for lower class women at the turn of the century, over-the-counter products containing opiates were ways to avoid calling a physician. “Most women could not afford the services of a doctor and self-medicated for treatment of painful menstruation, childbirth (during and after birth) and puerperal fever” (Boyd 39). Women using medication on their own was a quick, effective, and private remedy.

Opiates became the drug of choice for physicians, who viewed it as a cure-all before the realization of its strongly addictive qualities. “Physicians, many of whom had a background in the temperance movement themselves, had enthusiastically embraced morphine as a pain reliever after the invention of the hypodermic [needle]” (Goldsmith 250). Women who were often diagnosed with nervous illness, or neurasthenia were prescribed opiates for their calming effects for women’s “nervous character.” Physician T. Gaillard Thomas noted that females have “excessive development of the nervous system” (Kandall 29). Physicians were mainly exempt from the Pure Food and Drug Act in 1906 requiring labeling of products and continued also to prescribe any amount of narcotic to patients after the Harrison Act was made law in 1915 regulating opiates

(Brecher 5). The Harrison Act did not prohibit physicians from prescribing opiates, but rather was put in place to streamline and regulate opiate distribution. According to the U.S. Surgeon General Rupert Blue, the Harrison Act was more in line with information-gathering and “physicians could continue to write narcotics prescriptions for patients,” something the American Medical Association supported (Kandall 76). Physicians were untouched by the legal manipulations of Congress and attempts at regulation. In the case of prescription medication, their power shielded them from criticism or action, even as patients continued to be damaged by addiction.

Chloral, not related to opium but within the family of barbiturates, was commonly prescribed to women and often abused. Insomnia was a common ailment for women with nervous illness, something which chloral could remedy. The drug was originally formulated as an anesthetic, but was sometimes used as a hypnotic, the “first synthetic organic compound to be used medically” in this way (Butler 168). Physicians prescribed the medication often and it “proved to be accepted perhaps all too eagerly by the medical profession. It was not long before chloral hydrate was being consumed in quantities surpassing those of any other drug in use at the time” during the 1860s and 1870s” (Butler 171). Though not as addicting as opioid products, chloral users could gain high tolerances quickly, and it became known for its dangerous qualities, including the ability to overdose easily. H.H. Kane wrote in *Drugs That Enslave* in 1881 of “chloralism,” a habit that “*causes a more complete ruin of mind and body* than either opium or morphine” (163 his emphasis). Beginning in 1869, chloral “could be purchased at most local drugstores,” and it “relieved tension and pain, helped alcoholics sleep, and served as a general sedative” as well as being used for delirium tremens in insane asylums (Kandall

37). In 1872, physician J.H. Etheridge expressed concern about the growing rate of the drug's use: "Men and women who suffer from sleeplessness habitually, are easily tempted to resort to it, and many, very many do it" (Kandall 37). Etheridge noted that the drug was used often by women, particularly "school-teachers, bookkeepers, [and] invalid women made weaker by family cares...[and] in obstetric practice, many physicians have used chloral with the happiest effect" (Kandall 37). Often, the drug was used in treatment of neurasthenia (Kandall 38, Tyson 1900), though it was also common among prostitutes and nurses; hospital nurses made up one third of the total users in 1881 (Kandall 38). As physician J.B. Mattison wrote in 1879, the common person's perception of chloral was of a substance less dangerous than others: "the laity look upon chloral with less distrust and as less dangerous than opium; and are therefore are more disposed, when in pain or sleepless, to act as their own medical advisors" (Kandall 49). Chloral's highly effective properties place it with opium in the category of addictive substances.

Particularly in the years leading up to the turn of the century, addiction among women was not acceptable. Opiate addiction was "culturally hidden" in the nineteenth century, and affluent women hid jeweled syringes disguised as charms among their clothing (White 49). "[F]emale addiction to opiates, cocaine, chloral, chloroform and ether was hidden but for occasional confessionals in medical journals" (White 49). Some of the association with women is due to the role of motherhood; the use of medicines for childbirth or for young children's maladies containing opium was common, both from physicians and over-the-counter remedies (Kandall 53). It wasn't until after the turn of the century that some recognized this as a danger to young children. The American Pharmaceutical Association in 1903 notes that "the nursing babe absorbs medicine from

its mother's breast as it draws its nourishment; it becomes a habitué with its birth" (Kandall 57). More women than men, too, were addicts for a considerable amount of time: "From about 1850 until 1920 when the restrictions of the Harris Act of 1914 became firmly established, twice as many women as men were addicted to narcotics" (Cuskey 9). Paradoxically, despite the widespread nature of advertising and prescribing of medical products, the use (and overuse) of opiates in a condition of addiction was forced into secret. This is due in part to the hidden nature of opiates within patent medicine products; before 1906, without labeling, the products appeared innocuous, advertised as containing only herbs in solution. Outside of this, users knew of its properties and its effects when using opiate in its true form.

The existence of women's addiction was well known among the medical community, but blame was not absorbed. S. Weir Mitchell commented on women becoming addicted easily to medication, noting if the physician were too quick to prescribe, the patient could easily be "on the evil path of the opium, chloral, or chloroform habit" (Kandall 47, Mitchell 1888 93). Particularly for women of the upper classes, opiates were seen as useful for nervous illness. William Pepper wrote in his 1885 *System of Practical Medicine*, "To women of the higher classes, ennuyée and tormented with neuralgias or the vague pains of hysteria and hypochondriasis, opium brings tranquility and self-forgetfulness" (Kandall 30). Wives of physicians and nurses were particularly prone to addiction, having access to medications. Weir Mitchell noted that "Every winter I see four or five [wives of physicians], and always it is true that the habit has arisen out of the effort of the husband to attend medically on his wife" (Kandall 47, Mitchell *Doctor and Patient* 99). Physicians deflected the blame often, citing women's

constitutions and factors of contemporary living that caused the problem. “Medical discourse worked to reinforce the reasons doctors gave for the rise in female addiction: it was believed that emotional fragility, susceptibility to the pressures of modernity, or gynecological complaints predisposed women to become addicts. Physicians’ discussions of female addiction noted the burdens of marriage and maternity, made more stressful by the difficulties of urban living or the isolation of the rural farmhouse” (Friedling 37). Physicians who themselves became addicted to opiates would still push blame onto the woman to relieve themselves of any culpability. As Kandall also notes, “Women, as the primary caretakers of children, were held responsible for the effects of drugs and medications they administered” (Kandall 57). J. B. Mattison’s 1896 report “Morphinism in Women” includes a doctor and his wife, “both of whom were addicted to opiates, noting that the wife’s responsibility for her addicted husband would lead them to either ‘the graveyard or the madhouse’” (Friedling 37).²⁷

By the 1860s, doctors were already aware of the negative effects of prescribing patients opium or other addictive substances, but it took decades for the practice to cease. In 1868, Horace Day wrote of the progression of addiction in *The Opium Habit*: “The resort to this pleasant medication after no long time becomes habitual, and the patient finds the remedy, whose use he had supposed was sanctioned by his physician, has become his tyrant” (Kandall 45). Iatrogenic addiction, addiction due to medical treatment itself, comes further to the public’s attention in the 1890s. An article in a Hearst

²⁷ Friedling’s discussion of blame placed upon women for men’s addiction accords with the representation of Mary Tyrone in Eugene O’Neill’s *Long Day’s Journey Into Night*, something Wharton’s text anticipates. Mary’s addiction is viewed as destroying the family, while James Tyrone’s use of alcohol is not seen in the same manner, portraying a gender parity in the use of substances as well as the legitimization of the use of alcohol versus the use of opiates, even if the latter is prescribed by a doctor.

newspaper in 1893 titled “Doctors Are Largely Responsible for Drunkenness and the Opium Habit” was subtitled “Alcohol and Opiates Are Too Frequently and Carelessly Prescribed by Medical Men” (Silver 25). By the turn of the century, for the treatment of neurasthenia, some physicians finally began to condemn the use of opiates or other addictive medications for treatment. William Osler, “the most widely read physician in American medical schools at the time” took this position, and “condemned the use of drugs for neurasthenia, especially morphine, chloral hydrate, and cocaine” in 1903 (Kandall 47). In 1894, Dr. Joseph Pierce declared, “We have an army of women in America dying from the opium habit – larger than our standing army. The profession is wholly responsible for the loose and indiscriminate use of the drug” (Kandall 14). While difficult to admit, some physicians confronted this ethical problem.

The role of the pharmacy is another important factor in considering the functioning of medicine during this period. Once the purview of physicians who would compound and distribute medications themselves, by the beginning of the 19th century physicians began to rely more on apothecaries to carry out and fill prescriptions²⁸ (Higby x). In 1820, a group of physicians created an “authorized” account of proper medications, the first *Pharmacopeia of the United States of America*, reflecting “both the growing

²⁸ The apothecary is somewhat interchangeable with the pharmacist or druggist in the United States but has its own rooted history, referenced in the Bible (in Exodus and Ezekiel). The Swiss physician Paracelsus in the 16th century influenced the development of pharmacy, moving it from botanic science to chemical science (“History”). In the United States, there was enough authority granted to the apothecary to appoint an Apothecary General in 1777, whose main responsibilities were “procuring, preparing and distributing medicine to the troops in his district” (Zebroski 119). Distribution of medicine was always the main role. For the first time, with this position, the apothecary’s job was “clearly articulated for the first time as separate and distinct from that of the physician” (Zebroski 119). After the Revolutionary War and into the early 19th century, there was a backlash against those such as apothecaries and even physicians’ methods, which “smacked of colonialism” (Zebroski 127). Particularly in frontier areas and rural areas, do-it-yourself or self-help remedies became popular. Yet in the 1820s on the Eastern seaboard in established cities, pharmacy organized and standardized, as described above. Beyond Zebroski’s text, there are few that focus solely on the history of pharmacy or apothecary, either in the U.S. or globally.

amount of prescription writing and the medical profession's increasing reliance on pharmacists" (Higby x). Pharmacy schools were created at this time, with "night schools for the instruction of apprentices and discussion groups on scientific pharmacy" as "new potent drugs [were added] to the materia medica" (Higby x). Pharmacy was one of the few beneficiaries of the Civil War conflict, as E.R. Squibb and competitors "scaled up the production of preparations for the war effort" and continued this forward pace afterward. In the 1890s, mass compressed tablets were introduced, changing the entire role of pharmacy. "By 1902, one young woman in a factory could run a pair of machines punching out one million headache tablets a day" (Higby 3). Pharmacy stores were rearranged, as there was less need for a laboratory for compounding medications in-house, and large manufacturers "took over the making of almost all ingredients by the late 1800s" (Higby 3). Physicians began prescribing almost completely the ready-made pills, to the dismay of trained pharmacists. Yet the role of the drugstore and pharmacy remained important, providing retail services and a trained pharmacist aiding the physician.

Theorizing Addiction

Addiction has often been treated as a medical disease. Originally, motivation for drug-taking and addiction was understood in terms of pleasure in the body, which created a pathway to understand addiction as a physiological and pathological process. As Louise Foxcroft has written on opium and its use and abuse in 19th century Britain, "It is the *pleasure* that is experienced that defines what is now known termed the 'motivational' factor in drug taking" (4, my emphasis). Though different in terms of time period in the

United States, opium in Britain was at first seen as a luxury before becoming stigmatized and the figure of the “habitué” created. The nineteenth century medical profession eventually “treated addiction as an unnatural state and applied the reasoning of pathology to the problem in lieu of any other appropriate system of thought” (Foxcroft 5). Users in the U.K. were “damningly diagnosed as suffering from a form of mental illness, and physicians “concentrate[ed] almost entirely on the physiological symptoms” (Foxcroft 4). In the early 20th century, the understanding of the cause of addiction and its treatment varied, but it was usually thought of as a pathological problem. Some physicians believed it a recurring disease, others that it was a “cellular poison and induced a state of treatable ‘toxemia’” (Kandall 60). Sanitariums provided one way to treat addiction, and there were 100 such institutions in the United States by 1910 (Kandall 61). Harvey Kellogg ran one particularly famous institution and had an “elaborate regimen” of diet, bed rest, and rapid withdrawal with which he “claimed great success” (Kandall 61).

Addiction may be framed as a dilemma both of ethics and autonomy. Particularly for this project, who is to “blame” for women’s addiction is a point of focus. For women who use these products as a form of self-medication, the process seems autonomous. But the issue may not be so simple. As Neil Levy describes in *Addiction Neuroethics*, “From a legal and moral perspective, addiction is perplexing...should we think of it as free and responsible behavior, or instead as unfree (coerced or compelled perhaps?)” (139). In a modern framework, he positions this same question as one of legality: “Should we respond to [criminal] acts [related to addiction] with the full force of the law, or should we instead respond with compassion, treating the behaviors as symptoms of a disease?” (Levy 139). Levy chooses a middle ground, arguing that neither the disease model nor the

voluntary model is wrong, but that addiction may entail some of both. “Behavior can be chosen and yet not free in the manner required for moral responsibility; for a wide range of the behaviors characteristic of addiction, it is suggested, both these things are true” (140). For Levy, autonomy is at stake here and forms the basis for understanding ethics of addiction, noting that “the impairment of autonomy can significantly undermine moral responsibility” (140). Thus, for someone who has restricted autonomy, such as that of an addict, there is a lessened moral responsibility. In the case of women patients, though moral behavior is one aspect of addiction, the question of autonomy is a larger question, and whether women retain autonomy in the midst of addiction.

Autonomy and responsibility within addiction are closely tied. Should the physician be responsible for the patient’s addiction? If so, the physician shoulders the blame. If the physician is not responsible, the patient then is fully responsible for her actions. While addiction does not necessarily cause an addict to lose complete control, Levy theorizes that the lowered ability to make decisions and plan for the long term impairs autonomy and thus continues the behavior of addiction. Historically, some saw addiction as akin to the mind being “controlled” by the substance and unable to resist. William James notes in *Principles of Psychology* that alcohol and use of chloral or opium provides a desire that cannot be ignored: “The craving for drink in real dipsomaniacs, or for opium or chloral for those subjugated, is of a strength which normal persons can form no conception” (543). Levy proposes that an addict does not have “irresistible” desires, as they can set aside their addiction for other incentives, or recover on their own (143). The addict, however, cannot make decisions well or make long-term plans. As Levy concludes, while autonomy and responsibility are not the same thing, “[L]ack of

autonomy is typically correlated with lack of moral responsibility. If an agent is not able to govern themselves, then they are not capable of ensuring that they refrain from certain actions” (Levy 149). This conception of addiction, then, supports the idea that blame can be placed on physicians and medical products. In this instance, the patient loses a certain amount of autonomy to her physician, who she trusts to guide her in decision-making. Equally, a woman who is persuaded by advertisement also gives up some measure, however small, of their autonomy. From a historical standpoint, the woman patient with a narrower scope of social experiences faced some considerable measure of influence from those she was in contact with, such as physicians, and who can, at least in part, be held responsible.

Complicating the scenario further, the social environment plays a role in addiction for the user and for the creator. Latour describes the intermingling of the environment of science with science itself. He writes in *Science in Action* that science and what surrounds it are inseparable. When examining “science in the making” or what creates science itself, “uncertainty, people at work, decisions, competition, controversies are what one gets” (5). As Latour describes of Watson and Crick, the background of their discovery is equally important to the discovery itself.

‘Suspense’, ‘game’, ‘tone’, ‘delay of publication’, ‘awe’, ‘six weeks delay’ are not common words for describing a molecule structure. This is the case at least once the structure is known and learned by every student. However, as long as the structure is submitted to a competitor’s probing, these queer words are part and parcel of the very chemical structure under investigation. Here...context and content fuse together (6). This same process can apply to the theorization of addiction and how it is seen in the social sphere. Addiction itself can be related to the social atmosphere, becoming context and content fused together. The science of addiction can be part and parcel of the social

sphere where it appears and is interrelated with society's function. Nancy Campbell notes, "If the history of addiction research reveals anything, it is that science is a fundamentally social activity taking place within a structure of beliefs about productive citizenship, public health and technoscience as a route to pharmacological fixes and ultimately to social progress" (102). This, along with Latour, can help explain the aspect of addiction within society and fill the gap that seems to occur between science and society. Viewing addiction and its occurrence allows a reconsideration of the connection between the addict and the scientist, or the addict and the physician. Addiction and the social sphere become interrelated, the cultural environment becoming part of the defining characteristic of addictive behavior.

The physician and the physician's "knowledge" also help define the social role within addiction. We rarely see inside science in the making, or see any sort of uncertainty that may exist. As Latour writes, "Science has two faces: one that knows, the other that does not know yet." What scientists and engineers have done "is visible in the machines we use, the textbooks we learn, the pills we take, the landscapes we look at....How they did it, we do not know. Some scientists talk about science, its ways and means, but few of them accept the discipline of becoming also an outsider" (15). The reputation of science, and the things that are known, eventually become certainty and are never questioned. Physicians are grounded in science, and understand it through their intensive training, but are not within the making of it, nor do they necessarily stop to consider the process of its making or "the discipline of becoming also an outsider." The physician cannot see from the point of view of an outsider, which in this case is the patient and addict. The physician may only see the situation from the point of view of

scientific knowledge, which can block out and deny pathways of other knowledge, such as understanding the point of view of the addict.

The physician's role of power further widens the gap between himself and the patient. The physician's knowledge and reliance on that knowledge allows him to ignore what might be otherwise useful: the narrative of the patient, or any social phenomenon related to the position of an outcast. Even during the early 20th century, physicians focused on their training in order to designate their knowledge as of the utmost importance and claim a high rank in the social order. At the beginning of the 20th century, physicians consolidated into organizations and increased their power, which reflected more on their own organization and gathering of knowledge than knowledge of the patient. Creating and building up the American Medical Association, for example, allowed physicians to "foster scientific medicine and...make the medical profession a power in the social and political life of the republic" (Numbers "Fall" 231). As Latour notes, "[C]ognitive scientists never use social studies of science," and this is one aspect of the "limitations" of science (16).

Considering the theorizing of addiction at the turn of the century to be almost entirely of pathological means ignores the social and narrative aspects of addiction. As shown, addiction cannot be entirely divorced from the patient's experience and narratives, and is related to the social sphere. In this way of theorizing addiction, patient's narratives become part of the definition and concept itself. This means addiction would not be viewed simply as a medical function within the body, or a concept of disease. If

narratives and social functioning can be part of the definition of addiction, it may help in new ways of understanding its process and its place historically.²⁹

In considering addiction, gender is also at stake. Addiction can be considered a byproduct, or a connected pathway, to the same social sphere that constructs gender. Used in the frame of the historical period, addiction acts to reinforce the constructed aspects of gender. Aided by male physicians who increasingly delete women from their ranks, including the removal of the midwife in cases of obstetrics, men use the prescribing of opiates and resulting addictions to add further weight to their dominance. These actions further position women in terms of weakened physical attributes or the inability to exist within the public marketplace successfully.

In the case of addiction, while men's roles are consistently normalized, women existing as "not-men" opens them to further damage than men would be in the role of the addict. As Simone de Beauvoir discusses as one of the main premises in the foundational text *The Second Sex*, gender takes its cues from society, and its definition and functioning depends on social construction. Women in particular have been constructed in terms of social ideas of femininity. "No biological, psychic, or economic destiny defines the figure that the human female takes on in society; it is civilization as a whole that elaborates this intermediary product between the male and the eunuch that is called feminine" (330). The

²⁹ The history of addiction, especially to opiates, in the United States and the way it is defined has been discussed by few authors. Beyond the ones cited often here, including David Courtwright's foundational text *Dark Paradise* and Stephen Kandall's *Substance and Shadow* that focuses on the history of women and addiction, Timothy Hickman's 2007 *The Secret Leprosy of Modern Days* stands as the most recent, and best, contribution to discussion of the history of narcotic addiction in addition to his contribution in the edited volume *American Consciousness*. William White discusses the history of women and addiction in an article in the journal *Counselor* and the history of treatment of addiction in *Slaying the Dragon* and Ryan Grim in *This is Your Country on Drugs* discusses the history briefly, notably that the pressure of Temperance in the 1870s eventually leading to Prohibition was a force that pushed opiates into more widespread use. Melissa Friedling also has a text, referenced in the chapter, regarding feminist views of women's addiction.

“intermediary product” that is woman, seen as male and not-male, is constructed as a lesser object. As de Beauvoir notes, men are always within their role, which is that of the normal and the accepted, but it is women’s roles that are constructed as abnormal, her body nonstandard and burdensome. “[Man] grasps his body as a direct and normal link with the world that he believes he apprehends in all objectivity, whereas he considers woman’s body an obstacle, a prison, burdened by everything that particularizes it” (25). A woman’s body “burdened by everything that particularizes it,” is defined by its differences from men, but it is also a negative kind of physicality, one which is damaged or has the ability to be damaged and is therefore a lesser product. Men, particularly physicians, who act upon a woman’s body use larger frames of power than that allowed by women upon themselves. As a result, addiction for women is something that may be conceived as “put upon them” rather than of their own resolve, but at the same time, are blamed as though their actions were conceived independently.

Using Latour and de Beauvoir provides increased clarity in understanding the social aspects of addiction and its connection to gender. For Latour, the use of science must necessarily mean an incorporation of elements surrounding it. In medicine, the society surrounding it cannot be omitted. Therefore, addiction may be viewed as part of medicine itself, as in its pathology and physiological function. Addiction may also be viewed as dependent on the social sphere that surrounds it. Since context is so important, as Latour declares, addiction can be viewed as part and parcel of society that surrounds it. Adding to Latour’s development of thought on science, women addicts may be viewed as partially constructed based on the social idea of women addicts in the male world. As men make up the majority of physicians during the historical period in question, we can

extrapolate, or move backward with what de Beauvoir states about gender and its construction and extend it to women patients; women's bodies, constructed socially, allow for various pathways, including medicine, to intervene and help create the woman addict.

The social construction of gender brings further damage to women via the male physician and his position of power. Addiction provides an unfortunate underlining of the gendered divide; the normal male is strong or in a position of power as a physician, and woman is "weak", succumbing to medical substances and unable to control either her body or her need for pleasure. Narratives of men's addiction during this period are vastly different (and less evident), and are not attributed to gender as a causal factor for their illness. De Beauvoir provides a useful framework to understand how medicine intervenes, and perhaps even functions to contribute to the way women addicts are constructed. De Beauvoir might agree that medicine, dominated by men, allows men to work and gain financial independence, but also through medicine's function of attending to the body and its ills further damages the woman's identity and tendencies. Assigning weakness as a general characteristic of gender promotes social constructions of woman as already susceptible to addiction.

If understood in a social manner, addiction also connects to economics in the vein of de Beauvoir's thinking. Women are failed capitalists, given consumer power to buy medicines and seek physicians, but then are consumed by addiction and cause their own destruction. There are competing processes; their physical bodies deteriorate and fail at the same time that they financially promote the companies and the physicians who have created their addictions. Aligning with de Beauvoir's theorizing, women are denied

power in their functioning as addicts. They are only consumers of products, spending on the services of doctors or medications. There is no profit for women as patients or as addicts, reliant on their role of using a doctor's services or consuming medical products. The cycle of economics portrays women as reliant, the "user," rather than "creator," a draining force rather than a creative one. It is left to the men in the roles of doctor or manufacturer to control women and seek gain, retaining power and adding continually to their own profit.

Consumer Medical Culture and Addiction in *House of Mirth*

Following Lily's social downfall, she attempts to work in a millinery, where she encounters medicine in a new framework. Lily's work in the millinery shop is the first moment in the novel she is in regular contact with women other than those of the upper class. Her only encounter previously is with the charwoman who attempts to blackmail Lily over a letter to Lawrence Selden, an experience Lily reacts to with "a wave of indignation" (108). Lily is dismayed at her lack of skill with the hats she is given to work on. As Ruth Yeazell notes of Lily in the text, connecting to Thorstein Veblen's criticism of leisure class women, she is ornamental rather than functional (17). She leaves often, and rather than surpass the other working women in skill, she finds "after two months of drudgery, she still betrayed her lack of early training" (301). The millinery scene serves to reveal Lily's fragile state, "her head heavy with the weight of a sleepless night" while the "buzz of talk" surrounds her (302). Wharton appears to place Lily purposefully as weak, anxious, and overwrought, more a Victorian woman than one used to the world of

labor. From this scene and onward in the novel, Lily struggles in transforming herself into one among the laboring classes.

Even before she begins work at the millinery, Lily shows signs of nervous illness, a candidate for opium or other prescription medication. When she appears at Gerty Farish's apartment in an earlier episode, she stands at the doorway, "breathing brokenly, like one who has gained shelter after a long flight" (172). Lily tells Gerty that she came because she "couldn't bear to be alone" (172), and breaks into violent weeping. She speaks of "furies" that come to her at night when she attempts to sleep. "You know the noise of their wings – alone, at night, in the dark?" (173). Signs of neurasthenia in women included "a desire for stimulants and narcotics, insomnia, nervous dyspepsia, partial failure of memory" and even "changes in the expression of the eyes and countenance" (Kandall 27). Lily's symptoms of sleeplessness, hallucinations, and anxiety appear as a manifestation of a deeper cause of nervous illness. Lily loses her position at Mme. Regina's millinery mainly because "she had so often been unwell" (315). As discussed in the introduction, some such as George Beard, theorized that hysteria, equated with nervous weakness, was often seen in women as side effects of the quickly modernizing United States, a "vague disorder most often attributed to the excitement, prosperity, and intellectual challenges of an urbanizing America" (27). As William Pepper notes in an 1885 medical manual, civilization is synonymous with nervousness (27). This positions Lily as a likely candidate for addiction, as the use and abuse of medication go hand in hand with hysteria and nervous illness. As Melissa Friedling notes, the female drug addict is the "inheritor" of hysteria (37). Morphine was used to treat hysterical women, a trend that continued well into the 20th century (Mountain 36).

Women are more often opiate users because of their “nervous character” (Kandall 29). The two are conflated together, lumped under the umbrella of medicine.

While Lily already possesses Norma Hatch’s prescription for chloral, she is introduced to further use of over-the-counter products from a woman in the millinery. She first overhears blended chatter of fellow workers discussing a society woman who had snubbed a man at a ball, and the conversation then turns; “She’s taken ten bottles and her headaches don’t seem no better; but she’s written a testimonial to say the first bottle cured her, and she got five dollars and her picture in the paper” (302). As Lily complains of feeling unwell, she is told to leave for the day. Overhearing her plight, a fellow worker commiserates with Lily on her illness, and hearing that she has a headache, asks, “Ever try orangeine?” (304). The phrasing of the worker’s question in particular sounds similar to an advertising slogan, and underscores the product’s somewhat dubious qualities. Both the hat-making and the mention of Orangeine – not capitalized in the novel – signal continued access to the world of consumerism for women. The millinery, in some respects, appears as the “strange future beautiful and new.” Women such as Lily gain entry to opportunities to consume and to produce products for others to consume. Yet within this is also the sinister underbelly of consuming products, that they are nothing more than empty shells. The offer of Orangeine is similar to the empty forms of hats that sit in the millinery, offering a promise of a quick route to external wellness or a restoration of beauty. Similarly, the working woman in the shop whose headache medicine had no effect but wrote a testimonial for the company anyway for profit links to the empty promises and ineffectiveness of patent medicines. Taking “ten bottles” for her headache is a small favor for payment from the company for her testimonial. As Lily

joins the working class, moving across economic boundaries, the experience of medicine changes. For Lily, the offered medication by a fellow worker reveals the same empty process as her employment, a hope that a quick method will solve deeper woes, both of which are ineffectual.

There is a small measure of power in Lily's first refusal of the Orangeine, try as she does to resist the draw of over-the-counter consumer medicines. This is at once an assertion of autonomy and a failure to grasp that independence. While her refusal may be read as her distaste for those of lower economic standing, it is also the first sign of awareness of the dangerous world of medical culture. Lily's new exposure to working class women has left her vulnerable, and some recognition of this allows her, at first, to deny and critique the women around her who turn to easy vices such as gossip and easily-obtained medical remedies. Miss Kilroy appears confident, telling Lily, to "Go right home and lay down," followed by the recommendation of Orangeine. Lily thanks her and notes, "It's very kind of you – I mean to go home" (304). Lily half takes Miss Kilroy's instructions, in heading for her own home in order to follow the instruction to lay down, but the Orangeine question is studiously ignored. While Lily is surprised and grateful, noting "the sort of kindness Miss Kilroy could give," there is an element of classism that prevents her from accepting Miss Kilroy's proposal. The kindness that someone like Miss Kilroy "could give" is not equal to the kindness or help that Lily seeks, which is, in one way, the kindness of the leisure class women who have collectively turned their backs, but also the stronger, more acceptable form of prescription medication.

Lily chooses an approach of self-treatment of prescription medication associated with higher economic mobility, which has higher stakes. While Orangeine is ineffective

and uses false claims, Lily's prescription from Mrs. Hatch is a more powerful method of cure, accessible only to those of her class. Mrs. Hatch is described as a lady whose "habits were marked by an Oriental indolence" (291). As soon as she leaves Miss Kilroy, she is "irresistibly drawn" to the chemist's at the corner near the millinery (305). Lily's choice to abstain from Orangeine and instead fulfill her desire for a stronger chemical reveals a belief in the pharmacist as the more trustworthy provider of medicines, the higher-class representative of knowledge and science. Lily clings to some sense of the life she had known before. Her sense of knowledge and self-reliance leads to the choice of chloral, a copy of a prescription given to Mrs. Hatch. Mrs. Hatch, the last marker of respect and higher-class society for Lily, provides this direct link to chloral. Lily sees respectability in the image of the chloral prescription, where Orangeine is a commoner's product, an over-the-counter remedy that is representative of true failure for Lily in her social standing.

The choice of the prescription product of chloral provides Lily with a complex relation to class. While Orangeine is open to any user, readily available and ubiquitous in the market of medical products, chloral is more elusive, regulated via doctors and pharmacists. The fact that it exists in prescription form and Wharton chooses to have Lily both use and abuse this product is important. In one manner, there is a level of self-reliance evident; women now have the freedom to obtain and treat their own medical conditions. Yet Wharton portrays the complexity of this field in the hesitancy that Lily shows in accepting the Orangeine and instead choosing chloral, preferring the apparent protection of a doctor. Lily recognizes the dangers of unregulated medical products and the freedom that appears too easily purchased, despite the address of different symptoms,

such as a headache versus insomnia. As will be seen, however, even the prescription from Mrs. Hatch that has been authorized by a physician is not safe. Though Lily uses a prescription not given to her directly, the presence and safety of the physician is still signaled.

The scene of the pharmacist filling the prescription reveals the formation of Lily as an addict. After crossing the street and landing in front of the chemist's door, there is no hesitation before entering; the next portion of the text reveals Lily inside the shop. In a form of language that points to addiction, Lily "caught the eye" of the clerk and "slipped the prescription into his hand" (305). Wharton includes these moments of secrecy – and shame – into the language of the text in the scene. The secretive hand-off suggests that something illicit is occurring, the scenario charged with nervous emotion. Lily is "confident that the clerk would fill it without hesitation; yet the nervous dread of a refusal, or even an expression of doubt, communicated itself to her restless hands as she affected to examine the bottles of perfume stacked on the glass case before her" (305). Notably, it is the woman's product of perfume that lines the counters in front of the chemist, indicating the kind of consumer who frequents the prescription counter. Lily's nervousness points again to her newly formed identity of an addict already in the making, her "restless hands" and her "nervous dread." The language of nervousness appears to recall the common woman addict of the late 19th century.

In Eugene O'Neill's *Long Day's Journey Into Night*, Mary Tyrone has similar affect as an opium addict, the "nervous" woman who cannot keep still, whose only relief

comes in dosages of her medication provided her by the doctor³⁰. Lily's apprehension of the chemist's reaction signals the shame of criminality in filling the stolen prescription as well as the shame of the addict. Despite her relative anonymity in the shop, the clerk "had waited on her before", hinting at previous, tentative visits to the shop. Her nervous visit this time to finally obtain the medication speaks to an awareness of her behavior as shameful and an awareness of what the future may hold in aligning herself with women addicts, even if they are of the upper classes. It also appears to presage a fear of the trajectory of the way women addicts are conceived of in larger society, the late 19th century portrayal of the middle- or upper-class socialite addict as hidden from view in shameful secrecy.

The clerk-chemist plays an important role as provider of Lily's prescription, leading her on the road to addiction and as arbiter of modernity. Previously, he "had read the prescription without comment." Yet as he finishes, he pauses "in the act of handing out the bottle" (305). He speaks to Lily.

You don't want to increase the dose, you know,' he remarked. Lily's heart contracted. What did he mean by looking at her that way? 'Of course not,' she murmured, holding out her hand. 'That's all right: it's a queer-acting drug. A drop or two more, and off you go – the doctors don't know why (305).
While Lily's criminal act in obtaining the prescription is within her mind, the clerk fulfills his role without thought to this, instead cautioning Lily about the product. It is not necessarily Lily's welfare he considers, as he tells her of the drug's "queer" properties; he

³⁰ The woman opium addict represented in O'Neill's play is something that can be addressed at length. While one small connection is drawn here between physical behavior in Wharton's novel and O'Neill's play, the larger connections of the 'woman addict' in both texts is something needing further space for exploration. Mary Tyrone's addiction is also through a physician's aid, and her blame for her addiction falls squarely, bitterly, on her doctor. Physician-aided addiction aligns with this project, and the setting of the play in 1912 also coincides well. Mary's need for 'rest' is seen also in Lily's incessant discussion of sleep as necessary. O'Neill's autobiographical approach, too, in *Long Day's Journey* calls to the historical accuracy and authenticity of the narrative of the woman addict.

meditates instead on the science of the drug and its unknown properties. Within this, the clerk reveals the strange qualities of medicine: the advanced knowledge that has created it, but also the gaps in this knowledge. As he declares, chloral acts in a certain way, and while its action is known, the underlying mechanism behind it is unclear. The social encounter with the chemist and Lily's transaction in the shop recalls Latour's connection of science and the social as interconnected. The chemist handing Lily the prescription is unaware of its making, and yet is intimately connected with its function and its use. Doctors that "don't know why" are unaware of the physical working of the drug and are unaware of other elements that go into its function; the addict and the social sphere that has helped create Lily as the end user. The chemist reveals what doctors also emphasize – that this substance is similar to modernity; it exists, but without certain aspects of reason or knowledge behind it. Medication is representative of the dangers of modernity and the early adoption of it without knowledge. The chemist appears to take liberties by cheerfully acknowledging the risk of accidental suicide when discussing the medication with Lily. Here Wharton's interrogation of current practices within medical culture resurfaces, as the pharmacist and Lily both take part in the dangers of using medical products without full realization of what could come of it. Foreshadowing the future, the chemist is aware of the danger and knowingly passes on the medication to Lily, creating an addict who will push herself toward death. Returning to the analogy of the airplane, the prescription for chloral is a substance not only created using new technologies that have the power for good, in healing and helping, but also include dangerous aspects, in heralding death and a loose moral regard for its negative qualities.

As a mediator of Lily's prescription, the chemist holds an important position. At first, Lily is unsure he will fill the prescription. When he finally does hand the bottle to her, there is palpable relief. From Lily's point of view, the scenario provokes a combination of shame in procuring the prescription in an illegal manner as well as a fear of reproach, or worse, from the chemist. "The dread lest he should question her, or keep the bottle back, choked the murmur of acquiescence in her throat; and when at length she emerged safely from the shop she was almost dizzy with the intensity of her relief" (305). The drug appears to already affect Lily before she has even taken a drop, further underlining the reason for pursuit of the medication. This also highlights the thin line and similarity between danger and pleasure, personal shame of criminality and a feeling of necessity. As mentioned, the chemist mediates this encounter, and as such, is a stand-in for modernity. He is a passive bringer of these technologies. As a user, it is left to Lily's will and intention, as she chooses to use the substance. The substance itself is in direct relationship with Lily, and it is the substance itself that brings her both shame and pleasure, leaving her feeling both criminally responsible but also as though there is no choice, drawn as she is to the substance.

There is no time wasted in revealing Lily's addiction to the substance. Before having taken any of the medication the language of addiction – and nervous illness – is added to the narrative. "The mere touch of the packet thrilled her tired nerves with the delicious promise of a night of sleep, and in the reaction from her momentary fear she felt as if the first fumes of drowsiness were already stealing over her" (305). This returns to discussion of the simultaneous feelings associated with addiction. Lily feels both pleasure in the "thrill" of touching the packet of medication, as well as a lingering sense of fear

and shame she had felt within the shop. The “thrill” is received from her transgressive behavior, as she has triumphed and successfully filled the prescription she obtained illegally. The nature of her obtaining the drug also calls toward the “draw” or “thrill” of addiction. Before arriving at the chemist’s shop, Lily’s “steps were irresistibly drawn toward the flaring plate-glass corner” (305). As seen, Lily is drawn to the shop and does not seem to have a choice in filling the prescription. It is not simply her mind, but her body that is drawn, as her steps move toward the shop without input. Lily is pushed toward the drug as a means of escape, and her escape, or pleasure, is sleep. As the narrative notes, she feels the “fumes of drowsiness” already stealing over her. Pleasure for Lily is derived through escape, making chloral the ideal drug for a woman who has been shaken from her previous social position and pushed toward new, unpleasant realities in traversing class boundaries. The obstacles within this movement from leisure to working class make Lily’s need for escape all the more necessary.

The connection to the hidden upper class socialite addict continues immediately after the chemist’s scene. No sooner has she left, still under the “fumes of drowsiness” the packet had given her, when she comes across Rosedale. “In her confusion she stumbled against a man who was hurrying down the last steps of the elevated station” (305). Lily, in a haze, does not immediately become aware of the situation, but Rosedale recognizes her, calling her name. “It was Rosedale, fur-coated, glossy and prosperous” (305). The connection to Rosedale is an immediate one of wealth; his seal-like appearance is akin to an analogy of wealth in the descriptor of his furs, “glossy” and “prosperous.” The slick appearance is immediately meant to remind Lily of her new station in life. Yet under the sway of the promised medication, Lily does not remember

her repugnance toward Rosedale, and instead she asks herself why “she seeme[ed] to see him so far off, as if through a mist of splintered crystals?” (305). At this moment, she “was only aware of a confused wish that she might continue to hold fast to him” (306). Lily is as though already under the influence of a substance, and her mind struggles to overcome the substance to function normally. Lily’s position in the leisure class previously allowed her to criticize Rosedale for his distasteful lack of tact, partially explained by Wharton’s anti-Semitic attitude. In the throes of a new mode of life in using prescription medical products illegally, Lily has lost this notion of ethical behavior. Rosedale seems above board, and even appears as a kind of savior for Lily, inviting her for tea and giving her a respite from her newly difficult existence. Lily’s new lifestyle and acceptance of drug use allows her to formulate a new normality, one that for Wharton, aligns her with distasteful persons, and Semites such as Rosedale.

Rosedale furthers the connection of medicine when he sits down with Lily and asks if she wouldn’t like tea. As Lily appears to silently refuse brandy or whiskey, also medical remedies, Rosedale continues, “Well, take your tea strong, then; and waiter, get a cushion for the lady’s back” (306). Appearing as a doctor himself, Rosedale orders the waiter to supply her with these medical necessities. As Goldsmith has discussed, tea in the novel represents both women’s class distinctions as well as a view by certain physicians that tea, and caffeine, could help one keep up with the pace of modern life. As one physician wrote, “About 15 grams of caffeine will entirely abolish both the desire for and the possibility of sleep for a whole night and longer” (Goldsmith 249). The connection of the previously distasteful behavior on Rosedale’s part, the link to anti-Semitism, and his position in this scene as a medical advisor may not be coincidental on

Wharton's part. Some of the critique of the medical sphere may be seen in *Rosedale* as a figure leveraging the ways of the world and providing remedies without ethics or efficacy, similar to a doctor of this moment.

Significantly, the Jewish doctor rose to prominence during this period, lending weight to Wharton's portrayal even as an unconscious reference. From 1890 onwards, Jewish physicians were more fully present within the American medical scene. As Jacob Goldberg writes in 1939, "The improvement of the economic status for Jews in this country since 1890 has made it possible for an increasing number of Jewish young people to enter the field of medicine" (328). Though still a small number, rising from 7 Jewish physicians in major cities in the United States by 1880 to 2,313 by 1935, it indicates increasing presence in physician circles (Goldberg 329). In addition, older Jewish physicians helped to usher in new, younger physicians, "determining the possibility for young medical men to find an opportunity for beginning a practise" (Goldberg 329, his spelling). *Rosedale*, with increasing status, becomes a purveyor of tea, alcohol and other help to Lily, standing in for a doctor and the help that she refuses to seek. His provision of alcohol and tea are substances used by many physicians at this moment, and provide the same opportunity of autonomy and lack of power. Lily, holding fast to *Rosedale*, is entirely under his sway for the moment and *Rosedale*, and tea, provide the help she requires.

The appearance of tea provides a continued link to medical culture and the appearance of safety. As Meredith Goldsmith points out, tea functions as another addictive substance Lily depends upon. Lily admits to herself that she craves tea as much as she craves the idea of sleep. "It was the temptation she was always struggling to resist.

Her craving for the keen stimulant was forever conflicting with that other craving for sleep” (306). As with over-the-counter medical products, tea with its caffeine content appears innocuous, particularly as it is regulated and thought of as acceptable based on social acceptance of its use. The social sphere absorbs the use of the product as a medical necessity and views it as an acceptable behavior. As with patent medicine products and their advertisement of herbal substances as the main active ingredient, they appear safe, innocuous to the user. The categorization of products under the umbrella of medicine provides a safety mechanism for what may normally be considered unethical or taboo.

In one of Lily’s most vulnerable and candid moments, she confronts Rosedale with the truth of her situation. In response to a query of her whereabouts, she notes, "You would not be likely to know about me. I have joined the working classes” (307).

Rosedale is shocked at Lily’s confession only because he had one moment before been admiring her beauty: “He looked at her with a startled uncomfortable feeling, as though her beauty were a forgotten enemy that had lain in ambush and now sprang out on him unawares” (307). What Yeazell correctly characterized as Lily’s ornamental status, equates her in Rosedale’s eyes, and many other men, as deserving of a spot among the upper class, where she could be immobile, cared for but suppressed. Rosedale responds, "Come off—you ain't serious, are you?" (307). Rosedale’s poor grammar alludes to his true character of the rough-edged worker who has settled less comfortably among the city’s higher echelons. Lily confesses her financial situation, that her inheritance from her deceased aunt has already been accounted for, leaving her without a penny. Rosedale offers to “back” Lily, telling her “I like pluck,” but Lily grasps one last time at social convention and refuses. When he walks Lily to her door, “he looked up with an air of

incredulous disgust” at the boarding house in which she lives (310). The honesty with which she approaches Rosedale at this moment underscores that she is aligned most closely with Rosedale at this moment; single, one who must work for a living, honest, and at times, appearing desperate. Yet Lily will not accept a loan from Rosedale. She claims an inability to understand business as well as holding to some last sense of honor and independence. As with the unfortunate incidents with Gus Trenor that led to uncomfortable sexualized encounters, Lily’s sense of independence is kept in her refusal of Rosedale for a final time. More importantly, Lily’s refusal signals one final sense of self-preservation in not giving in to the immobility of the upper class woman, one that here can be connected with the upper class opium addict. The invitation from Rosedale to rejoin the ranks of the socialites she had left behind is also an invitation for medical treatments to arrest her movement. Within Rosedale’s care, Lily would be amidst a medical environment of economic freedom that would allow for any number of substances to be at her disposal, a more dangerous situation than the one she currently faces under her own power.

Once away from Rosedale, Lily returns to her own space and resumes control of her treatment. In the beginnings of her addiction, Lily seeks dreamless sleep to escape the romantic thought of Lawrence Selden, who is still associated through familial connection to Gerty Farish. Lily notes to herself that it “was pain enough even to think of him”, as she “felt the obsession of his presence through the blur of her tormented nights” (312). She notes “that was one of the reasons why she had turned again to Mrs. Hatch’s prescription.” With the chloral, Lily “sank far below such half-waking visitations, sank into depths of dreamless annihilation” (312). In the analogy of consciousness, there is a

violence that Lily accords to her mind. Her nights are “tormented”, and the drug offers something past sleep, something more toward death in the figure of “annihilation.” The aspect of annihilation moves past the need for escape and rest, and into a more dangerous realm of emptiness, draining her entire being. The danger inherent in the drug is already introduced, as it consists of a finality that threatens an extinction of the self. This, again, is past simple conceptions of sleep and the immobility of rest, such as a medical rest cure could offer. Serving as her own practitioner and doctor, Lily reacts to her own symptoms with a vehemence that no outside person could understand or match. Wharton outlines the clear danger that Lily presses upon herself, a danger that only exists with the use of the drug.

Lily’s addiction continues to deepen and change. With her sleep of “annihilation,” Lily is at first able to function within the daylight hours, and work. The drug is useful only at night. As Lily notes to herself, “Gradually, to be sure, the stress of the old thoughts would return; but at least they did not importune her waking hour” (312). Still in the beginning stages of her addiction, having a sense of complete rest offers Lily a new sense of control. “The drug gave her a momentary illusion of complete renewal, from which she drew strength to take up her daily work” (312). Yet this control gradually wanes, existing only as an illusion from the drug itself. Lily begins to seek more from the drug she takes, as simply sleeping is not enough. Her dreams are annihilated, but Lily then seeks to annihilate the stress of waking thoughts as well. As she notes, “The strength was more and more needed as the perplexities of her future increased” (312). Lily increasingly has few allies, and the lack of control of her environment is more apparent. She struggles with the temptation to use her inheritance from her aunt, Mrs. Peniston, to

open a millinery of her own, “to realize the vision of the green-and-white shop” (312). Yet her lack of training, the small income she would accrue, and the time it would take to pay off Gus Trenor stops these visions, realizing “her pride would be crushed under the weight of an intolerable obligation” (313). These temptations, along with the temptation to seek revenge with the exposing of love letters from Bertha Dorset to Selden or to marry Rosedale give Lily increasing need for strength; “The temptation, which her scorn of Rosedale had once enabled her to reject, now insistently returned upon her; and how much strength was left her to oppose it?” (313). Her prescription for chloral is increasingly given merit as aiding her in “strength,” in giving her willpower and the power to carry on in her current situation, resisting the claims of higher society and carrying out her independence. Ironically, Lily’s attachment to her own independence through treatment with chloral becomes her undoing, as she turns more and more often to the drug.

Addiction continues to be formulated for Lily in language and actions of dependence. The metaphor of strength to explain her need for the drug continues, but is less effective. She notes that, in terms of her strength, “What little there was must at any rate be husbanded to the utmost”; the little strength gained from her resolve as well as from the drug wanes, but “she could not trust herself again to the perils of a sleepless night” (313). As she had mentioned to Rosedale, “I have depended for too long upon my friends.” Her resolve for rationality and independence from her social circle now transforms to a dependence on the sleeping medication. Though she believes she has gained independence from her previous situation, Lily has simply exchanged one form of dependence for another. Her dependence on the social graces she has learned and her

ability to circle amongst her friends of the upper class has now changed to a dependence on her use of sleeping medication and her newfound willpower. As she experiences “long hours of silence,” the “dark spirit of fatigue and loneliness crouched upon her breast” (314). Her physical dependence continues as the medication no longer gives her the “annihilation” of dreams and consciousness that it once had. She is left “so drained of bodily strength that her morning thoughts swam in a haze of weakness” (314). What had once allowed her to continue on, having rested and escaped from her anxieties of the night, now is no longer enough. Her increasing dependence is seen in the hope she pins upon the drug and its use: “The only hope of renewal lay in the little bottle at her bedside; and how much longer that hope would last she dared not conjecture” (314). Lily’s hope is pinned on her new dependence, the drug that provides what she sees as renewal, a hope of a renewed life. Yet her self-treatment provides no renewal, but only a lack of control that increases her dependence on an outside substance.

Lily’s economic situation dovetails with her period of addiction in the novel’s latter portion. As she increases her use of chloral, her financial situation continues its decline. Rather than accidental, this may be read as a purposeful commentary on women’s dependence on medicine as a negative influence, an influence that extends to economic standing. As Lily walks home, without a carriage, she stops to linger in Bryant Park. She thinks of the chloral in her boarding house dwelling, the “cheerless room” she must return to, and the chloral is “the only spot of light in the dark prospect” (330). Immediately after this thought, Lily is recognized by Nettie Struther, the “poorly dressed young woman” whose face “had the air of unwholesome refinement which ill-health and over-work may produce” (331). Lily’s interaction with Nettie, the working girl

befriended by Gerty in her charity work, signals Lily's economic status. The immediate connection of her thoughts of chloral and her meeting Nettie aligns her with a lower economic status, indicating the draining force of her addiction and its placing her among those of the lower classes. Rather than the bottle of chloral helping her to succeed or mobilize herself for new opportunities, or return to the higher social status she once had, the connection to medicine and chloral is a negative one. At first Nettie does not recognize Lily, saying at first, "Excuse me - are you sick?" (331). The immediate perception of Lily is not one of health or wealth, but of isolation and illness, even from the view of those such as Nettie Struther.

Lily and Nettie have exchanged places in certain ways. It was Lily's money that helped Nettie return to health, while Lily's financial and physical status declines. Lily's money from Gus Trenor had "furnished the girl with the means to go to a sanatorium in the mountains", something which "struck her now with a peculiar irony" (331). When Lily attempts to stand and speak to Nettie, she "felt herself sinking under a great wave of physical weakness," to which Nellie responds, "Why, Miss Bart, you *are* sick. Just lean on me till you feel better" (Wharton's emphasis). Lily explains that she is fine, but that "I have been unhappy - in great trouble" to which Nettie replies, "*You* in trouble? I've always thought of you as being so high up, where everything was just grand" (332). Nettie is surprised both by Lily's condition of being ill as well as her financial situation. For Nettie, it appears health and wealth are tied mechanisms, and a secure economic standing accords a woman anything necessary, where everything "was just grand," including health; Nettie notes to Lily that "Work girls aren't looked after the way you are" (334). Nettie brings Lily back to her home and tells of a time when she herself was

unhappy and sickly, but has recovered with the help of the sanitarium, her marriage, and child. Nettie appears “alive with hope and energy” (332). She tells Lily, “I only wish I could help *you* – but I suppose there’s nothing on earth I could do” (335). Lily’s response is to motion for the child to be put in her arms. The irony exists, as Wharton also notes, in the position of Nettie as attempted benefactor. Lily had helped Nettie to this point herself, but now exists in a worse position, unmarried, childless, and ill. Only her use of chloral provides a “spot of light” for her existence. Lily’s resistance to joining the ranks of the lower classes, something Nettie has never faced, influences her continued descent and continued anxiety that she assuages with medication. Nettie’s health has been recovered in the institution of a sanitarium, while Lily insists on solitary self-treatment, the last vestiges of her independence. In the moments of her death scene, it is Nettie’s baby in her arms that she pictures, the comfort of the baby and its innocence returning, but also the security of Nettie’s life that Lily lacks. Lily has been drained of all vitality through her financial circumstances, and is finally drained of the last of her vitality through chloral. Lily’s power as an upper class woman, obtaining chloral from the pharmacist, helps only to hasten her death.

The aspect of consciousness takes on additional import when considered in the case of Lily’s addiction to sleeping medication. Consciousness has a new valuation for Lily, something she seeks escape from as painful. “It was delicious to lean over and look down into the dim abysses of unconsciousness” (342). Once more, the metaphor of dark and light returns. Wharton places value on the aspect of consciousness, or awareness of one’s surroundings. In the throes of addiction, all is “dim” (342). Here a multiplicity is present in the multiple acts of Lily’s behavior as she repeatedly doses herself with the

medication, as well as a multiplicity of consciousness that Lily enters. Within her addiction, Lily enters multiple levels of experience, finding new depths of unconsciousness that she continually pushes toward. Like a Dantean structure, with multiple levels of despair, Lily appears to traverse into a darkness to continually escape the realities of her social situation that cause her pain. “Her mind shrank from the glare of thought as instinctively as eyes contract in a blaze of light - darkness, darkness was what she must have at any cost” (342). The allusions of darkness and light, once more, are not subtle on Wharton’s part, but speak to the darker versions of escape within the world of drug use. Without its use, Lily’s experience may have been vastly different, and certainly the deep levels of unconsciousness, the “abysses” that Lily sinks to, would not exist.

Lily’s sleeplessness and anxiety drive her to increasingly reckless behavior, and increasing consumption of chloral. Lily walks alone in the street at one point and passersby “glance curiously at her lonely figure” yet she is “hardly conscious of their scrutiny” (331). “Her dread of returning to a sleepless night was so great that she lingered on, hoping that excessive weariness would reinforce the waning power of the chloral” (330). She is reminded of the chemist’s warning that chloral is a “queer-acting drug” and “A drop or two more, and off you go” (330), yet she believes that she can control or add to her dose based on previous effects she had experienced. The metaphor of escape, represented as her life existing in darkness and light as escape, is not subtle, yet is effective. Thought of in another way, the light of reality, or of ethical behavior, is juxtaposed with the dangerous, or dark, ethical implications of Lily’s drug use, her increasing position as an addict.

Lily's medical experience and her actions of self-treatment continue with discussion of how much chloral she can safely take. Acting as her own adviser, she decides she will not use the "sleeping-drops" one night, attempting to cure herself of her growing dependence. Yet Lily finds herself worse off, "exhausted by the reaction of a night without sleep, coming after many nights of rest artificially obtained" (319). As she mentions once more, "the thought of the chloral was the only spot of light in the dark prospect" but "she was troubled by the thought that it was losing its power" (330). She then reflects on the chemist's warning, and asks, "What if the effect of the drug should gradually fail, as all narcotics were said to fail?" She remembers that "she had heard before of the capricious and incalculable action of the drug" (330). The change in Lily's conception of the medication is apparent in this moment. She attempts to act as her own medical advisor, assuming knowledge of chloral and its dosage requirements, and even a larger scientific understanding of the drug, asking the question of the narcotic failing, "as all narcotics were said to fail." Whereas her knowledge of medication was first given to her from Miss Kilroy, and the seemingly vague but vast array of knowledge of the social world and other women, here Lily's expertise is now given from the male perspective, and that of the doctor. Her questioning here is as though she were thoroughly trained in medical care, as well as knowledge of drugs and their use. She also hears knowledge of chloral and "the capricious and incalculable action" that it involves, as though hearing patient testimony. As a medical advisor hired only for herself, Lily embarks upon a calculated view of her treatment. She understands, in a wider view, the danger of the medication, but knowingly takes it, the ease of its use and its potent effects overpowering the scientific claim for caution.

The scenes preempting and relating to Lily's death reveal the hold that the drug has upon her and a link to medical illness, as well as a final desperation. As she receives a check for her full inheritance, she engages in calculations of her debt in mounting despair for the meager existence she will endure and the few options left for financial or emotional security. Noting that she "had not closed her eyes for two nights," she was "on the verge of delirium...she had never hung so near the dizzy brink of the unreal." Spotting the chloral, she sees "the little bottle...at her bed-side, waiting to lay its spell upon her" (341). Yet as she lays down to sleep, feeling a sense of exhaustion, it is a nervous energy that instead greets her, as "every nerve started once more into separate wakefulness." "It was as though a great blaze of electric light had been turned on in her head, and her poor little anguished self shrank and cowered in it" (341). A mention of modernity is made in the connection to the electric light, a modern technology. While it is a useful simile to describe Lily's wakefulness, it also can be read as purposeful on Wharton's part to highlight the dangers of modern technologies, similar to modern medical technologies and medications. Modernity and its attendant technologies here shape Wharton's perspective of medicine and addiction as harmful. Images of the days to come appear all at once to Lily in a vision and "swarmed about her like a shrieking mob" (342). The furies, a connection to the Greek figures that assail a victim through a need for revenge or the carrying out of fate, return within this scene, connected to mythological sleep and the figure of the underworld, where furies would sometimes carry their victim. In one scene, the Furies take the shape of Bertha Dorset, pursuing Lily for the letters she holds, increasing Lily's tension and feeling of illness. The connection is drawn not only between chloral and physical illness, but also the connection between her addiction and her mental

health. The specific language of “delirium,” “every nerve,” and an “electric light...in her head” appears as a psychological response alongside the physical. The furies that she imagines appear as a hallucination, a psychological response of nervous illness that Wharton characterizes.

The behavior of the male doctor internally directing Lily breaks down under her own necessity and inability to function in the throes of illness and addiction. Lily attempts to recall her own directives, the controlled manner of the physician that she had brought forth previously when thinking of her own treatment. “Where was the drug that could still this legion of insurgent nerves?” (341). But her own attempts at rational thought or treatment fail as her ideas jumble in confusion; “Weariness had dropped from her as though some cruel stimulant had been forced into her veins” (341). Wharton reintroduces the more formal language of science, using the term “stimulant” and recalling a kind of scientific experimentation, as though Lily had been a test case for new formulation of a drug in a quest for scientific knowledge, or in a laboratory of a patent medicine manufacturer. As a practitioner, Lily understands the calculated risk of taking the medication, as “she remembered the chemist’s warning. If sleep came at all, it might be a sleep without waking” (342). Much like a doctor ignoring the calculated warnings to achieve the release of pain for a patient, Lily disregards the advice, rationalizing its use: “But after all that was but one chance in a hundred; the action of the drug was incalculable, and the addition of a few drops to the regular dose would probably do no more than procure for her the rest she so desperately needed...” (342). The scientific term “incalculable” recalls the “strange futures” of medicine, the inability to understand the products that result from the forces of modernity. Like a doctor, Lily is limited in

knowledge and fearful of what may come of an unknown technology of medicine. Yet like many doctors, Lily forges ahead with her use of the drug, drawn to the promise of its efficacy. This mirrors the physical action of dependence and addiction; the boundaries are tested repeatedly, and the outcome is unknown as to how far one could go with addiction. As with new technologies such as flight, medicine has boundaries that can be pushed endlessly, and while there is trepidation of certain results, there is also a need for pushing that boundary, at the hope of pleasure or success that can also be obtained.

Lily's final use of the medication is not a purposeful attempt at suicide, but is rather a medical event. Lily feels she must obtain a result of sleep, and takes a risk for a higher reward. Though she does not think clearly in the moment, as she "did not, in truth, consider the question very closely" there is no sense of a need beyond that of sleep. The "physical craving for sleep was her only sustained sensation" (342). The need for the end result of sleep drives her to darkness; "darkness was what she must have at any cost." In a matter-of-fact manner, Lily "raised herself in bed and swallowed the contents of the glass; then she blew out her candle and lay down" (342). There is less fanfare than medical dosing, as though swallowing an aspirin, not a maneuver of suicidal intention. Suicide is not the aim here, but rather a removal of a medical symptom, that of her nervous energy, which exists as though she has had "stimulants forced in her veins." The medical experience of her death is what should be reinforced in this scene, rather than intimations of emotional experience that cause her to take her life. For all intents and purposes, Lily believes she is not committing suicide but is taking a sleeping medication to allow for rest. While dosing herself in a medical manner, the experience of addiction

comes around once more when Lily experiences the effects of the drug and its lasting impact.

She lay very still, waiting with a sensuous pleasure for the first effects of the soporific. She knew in advance what form they would take—the gradual cessation of the inner throb, the soft approach of passiveness, as though an invisible hand made magic passes over her in the darkness. The very slowness and hesitancy of the effect increased its fascination (342).

Certain words recur in describing Lily's experience with the drug; pleasure, soft, darkness. The experience of the drug is that of pleasurable euphoria, as though an opiate, and a complete removal of her waking consciousness. For a last time, the language of addiction is used to describe Lily's medical experience of addiction as well as provide a patient narrative of what the drug feels like when used. In the throes of the drug, and in a form of a high, Lily's worries cease. "She saw now that there was nothing to be excited about – she had returned to her normal view of life....She had been unhappy, and now she was happy – she had felt herself alone, and now the sense of loneliness had vanished" (343). It is the drug that provides the euphoria she feels, the sense of calm and peace. It is an important moment as we see a narrative both of addiction and a narrative of the patient experience.

In her last moments, Lily hallucinates before falling into a sleep that will be her final rest. She believes that she is holding Nettie Struther's baby, and cradles her arms around what she believes is the sleeping child. As "sleep began to enfold her" she worries she should "keep awake on account of the baby," but this fades into an "indistinct sense of drowsy peace." This is broken by one moment, as Lily "started up again, cold and trembling with the shock; for a moment she seemed to have lost her hold of the child" (343). She is mistaken, and as she "yielded" the warmth that "flowed through her once

more” she “sank into it, and slept” (343). In Lily’s final moment, the image of the child and her maternal experience provides a sense of security, comfort and purpose. As with her experience of her addiction, the security, comfort and need provides a shell within which she can climb. The necessity of the child’s care and comfort dovetails with Lily’s use of the drug for comfort. These final moments of maternal care also appear to return to the pre-modern, finding security in the traditional role of wife and mother that she had eschewed. Wharton’s positioning of Lily as even unconsciously desiring this role and taking comfort in it provides a criticism of modernity and the newly independent woman. If Lily’s last desire before she slips away is a child, the foundation of Lily’s character and Wharton’s conception of modernity is one of critique. In a larger sense, this aligns with Wharton’s critique of the medical culture as one that endangers women, forcing them to return to a pre-modern period and limiting their powers of independence.

A doctor declares Lily’s death an accidental overdose. Gerty Farish and Selden are present, as Selden appears to renew his relationship with Lily. As Gerty tells Selden, “The doctor found a bottle of chloral – she had been sleeping badly for a long time, and she must have taken an overdose by mistake... There is no doubt of that – no doubt – there will be no question – he has been very kind” (346). That a doctor is the first to find Lily’s body and cover over the cause of her death, along with Gerty, is also significant. A kind of collusion exists between the doctor and Gerty, and between the doctor and Lily. In seeing Lily’s overdose, there is, on the doctor’s side, a need to divert blame from the substance itself, calling it an accidental overdose. In Gerty’s case, she wishes to spare Lily the embarrassment of calling Lily’s death a suicide for social reasons, letting Lily’s reputation among their social circle remain unspoiled by scandal. The question of Lily’s

autonomy returns with her death. The uncontrolled use of a medication, which Lily obtained for herself, is the cause of her death, the unknown “incalculable” drug. It is this quality of being incalculable that Lily uses to rationalize and add the additional drops to her glass, and it is modernity and its reliance on the unknown and unknowable that appears to seal her fate. Like a doctor, Lily is willing to risk danger for a physical reward, and as her own patient, Lily administers to herself a lethal dosage of medicine.

Conclusion

A woman opium addict, remaining anonymous but “a lady of culture and distinction,” described of her morphine habit that it “adds to truth a dream” and “that truth alone is both not enough and too much for us” (Kandall 31). The truth of science, medical culture, and addiction in Wharton’s text appears to validate this statement; the truth of Lily’s scenario is both unsure and not enough. In the environment of turn-of-the-century medical culture, there is the promise of ‘strange futures beautiful and new,’ and dangers that also may lurk within these futures. In seeking the unsure and the unknowable, consequences appear. For Lily, the consequence is eventually the finality of life brought by her own hand, inviting questions of autonomy for the woman patient at the turn of the century. While women see new independence and the ability to self-medicate, there is at the same time a giving up of this same independence and a handing over of controls to authorities such as physicians and manufacturers.

The cultural process of addiction is something Wharton explores, and using social conceptions and definitions of addiction help in better understanding the mechanisms of the novel and its larger import. Latour’s emphasis of the environment surrounding

science as inherent and undifferentiated from the science itself is viewed here in Lily's intermingling of social function and physical addiction, as well as her role as her own medical advisor. The behavior of self-treatment appears as a useful lens, as it allows for reflection, but also the opposite, that of a compromise in that same autonomous action. In the text, Lily's addiction allows for escape but also pushes her into more danger, an increasing blindness to the medical effects of the drug she continues to use with her own hand. Chloral itself is a substance that Wharton chooses well; it is something with little scientific knowledge behind it, but holds a definite power in its effectiveness, representing the haziness of power and control within the medical sphere and the attendant power within a patient's hands.

Science appears to converge with social mechanisms; Lily's use of chloral reveals her as a society woman as well as her own physician, and she struggles with mental illness as well as addiction. Addiction, as this chapter argues, may not be disconnected from society in terms of its cause. For Lily, her social situation and its tribulations often predicated her substance use. Lily's medical experience provides one narrative within a larger trend of women and their interactions with the medical environment at the moment. It is rife with possibilities, but also danger. The truth of addiction and the dangers behind it provide a truth that may be recognized, but not fully understood. Particularly in the frame of the turn of the century, when technologies of modernity see emphasis as the ultimate drivers of a contemporary America and its forward progress, it is important to view this text as commentary that moves in the other direction, in favor of questioning existent power structures. Wharton considers the dangers of the new environment as something that should not be launched into headlong, but viewed with an

eye to larger impact. Lily, and *House of Mirth*, provides a startling experience of the medical world of the early twentieth century, including its promises and its follies.

CHAPTER 4

CASE STUDIES IN GENDER, ECONOMICS, AND RACE IN GERTRUDE STEIN'S THREE LIVES

During Gertrude Stein's abbreviated tenure in medical school at Johns Hopkins University, she worked in Baltimore's suburbs to train for the obstetrical portion of her schooling, visiting women in African-American communities to assist with births. This inspired Stein to create the character of Melanctha, the African-American protagonist in her 1909 novella *Three Lives*. In *The Autobiography of Alice B. Toklas*, the narrator notes, "It was then that she had to take her turn in the delivering of babies and it was at that time that she noticed the negroes and the places that she afterwards used in the second of the Three Lives [sic] stories, Melanctha Herbert, the story that was the beginning of her revolutionary work" (50). *Three Lives* recounts the narratives of two German women servants and an African-American woman, the servants' stories bookending Melanctha's. Similar to Melanctha, the German women are modeled partially from Stein's Baltimore period; the housekeeper hired for Gertrude and Leo's house in Baltimore was named Lena Lebender and has similar attributes to the "Good Anna" (Mellow 40). The culmination of Stein's medical experiences in Baltimore, it appears, is the creation of *Three Lives*. Leon Katz writes of Stein in general that she "repeated this [phrase] to the point of monotony: 'I write what I know'" (xxxiv). Stein eventually records versions of these people she knew as well as what is missing from her medical school experience.

In 1897 when Stein enrolls in medical school, her experiences with medicine and her social interactions were positive. Stein continued what she began under the tutelage

of William James at Harvard and his experiments with the brain and autonomous activity. Some of the results of her experiments were published in 1896 in Harvard's *Psychological Review* (Mellow 42). James encouraged Stein to attend medical school to further pursue the field of psychology.³¹ As psychology was still a burgeoning field of study, there was no schooling separate from general medical school. Stein's first two years in medical school "began auspiciously" in part because she arrived "with a reputation as one of William James's favored students" (Mellow 42). Life in Baltimore "had its agreeable aspects," aided by her brother Leo's presence and friendships with Dr. Claribel and Etta Cone (Mellow 43). As Stein records in *Alice B. Toklas*, "The first two years of the medical school were alright. They were purely laboratory work and Gertrude Stein under Llewellys Barker immediately betook herself to research work" (76). In a laboratory with William James' ideas fresh in her memory, Stein proceeds on the path provided her.

Things begin to change in 1899. Outside of the laboratory, Stein found medicine vastly different; she had an "aversion to being around disease," tending to hypochondria, and the realities of childbirth "made her nervous" (Daniel 41). Milton Cohen writes of Stein's time in obstetrics: "[Her] experience was limited both by time (she was required to spend no more than two months at it) and, more importantly, by the vast cultural chasm dividing upper middle-class, white medical students from the poor blacks they treated" (119). Cohen highlights Stein's limited experience due to the city's cultural chasms. Yet Stein chose to live not in the wealthier suburbs of Baltimore to attend Johns

³¹ Steven Meyer's *Irresistible Dictation* outlines Stein's involvement with James in depth, and reveals a full portrait of Stein's scientific leanings, her medical career, and its interrelationship with her artistic pursuits.

Hopkins, but in the eastern section of the city, “peopled with immigrants and the black middle class” (Weiss 116). Her experiences attuned her aptitude for observation that would eventually be used in her literary work rather than in medicine.

Despite being one of the first medical schools to accept women, Johns Hopkins did not make the atmosphere hospitable to women students. “At Johns Hopkins [women] were not only regarded as a form of coolie labor in that predominantly male domain but also were subjected to practical jokes and crude stories in the classroom” (Mellow 40). A German anatomist visiting remarked of brain anatomy, it was “an excellent occupation for women and Chinamen” as it was work deemed labor intensive without sure result (Mellow 40). Dr. Osler joked that admission of women to Johns Hopkins had been a success, as “33 1/3 percent of them were engaged to their professors at the end of the first year” (Wagner-Martin 39). Stein’s roommate for her final year at Johns Hopkins was Emma Lootz, who felt an intensive amount of prejudice against women in the program and “the only way she had made it through was by wearing her best hat” (Wineapple 123). John Whitridge Williams, nicknamed “The Bull,” told lewd stories of midwifery in his course. When Stein confronted him about it, Williams noted his lectures were part of the curriculum and since he was “free to teach them as he wished he was forced to require [Stein’s] presence or ask that she withdraw from the school” (Wineapple 141). Involved shortly after this time with May Bookstaver and Mabel Haynes, early sexual relationships that formed the basis for her novel *QED*, the patriarchal environment of Johns Hopkins must have been particularly alarming (Daniel 46). Even at this point Stein did not work to appease the authorities; as classmate Dorothy Reed claimed, Williams “couldn’t stand [Stein’s] marked Hebrew looks, her sloppy work, and her intolerance.”

Another student questioned whether Stein “did not care about her personal appearance or whether she exaggerated what really amounted to ugliness in order to accentuate her individuality” (Wineapple 124).

In 1899, Charlotte Perkins Gilman’s *Women and Economics* was published and Stein was struck by Gilman (then Stetson)’s ideas of woman’s value within normative class structures. In a speech given the same year entitled “The Value of a College Education for Women” Stein criticizes the “economic woman,” who must give something in exchange for being “supported by some male relative: a husband, a father, a brother” (3). The “average woman,” Stein notes in her speech, “is not worth her keep economically considered.” Yet for women of the lower classes, “on the whole what with doing the housework and attending to the children and taking in washing we must admit that they come somewhere near being economically independent” (4). The speech incensed some of the audience, upper middle-class women believing themselves representative of a different type, what could be termed the New Woman. In considering the labor of both lower and middle class women, Stein points to the lower classes as more economically productive. Stein notes of the demands of the “economic woman” and her worth:

[W]e must weight the worthiness of our poor and then meditate on the possible increase or decrease of that worthiness after healing them. [I]t is not possible for us to shut our eyes to these matters we cannot go it blind we may not be able to see very far through the darkness of social conditions but we cannot rest comfortably unless we are straining our eyes incessantly to pierce the gloom (3). Particularly in her medical experiences in Baltimore’s suburbs and in immigrant populations, Stein became privy to the norms of difference perpetuated without thought by the men in charge. These set structures that became normalized interested Stein:

normality was always more stimulating than abnormality. Regarding a hospital for insane women in Baltimore, Stein notes in *Alice B. Toklas* that the abnormal is “obvious,” while normality “is so much more simply complicated and interesting” (78). The interest in the average “simply complicated” person grows as she begins to recognize subjectivities such as theirs, yet recognizes those such as minorities as having very different experiences from her own. Stein recognizes that, like other New Women and men within medical school, she also objectifies this population, a fact that makes her uncomfortable.

By 1901, Stein knew she did not want to be a doctor and began experimenting further in writing. In Paris for a summer between her third and fourth years of medical school, Stein was in the midst of reading and translating Flaubert’s *Trois Contes* into English, something biographer John Malcolm Brinnin calls “germinal” for *Three Lives* (56).³² The character of Felicité in Flaubert’s first story “Un Coeur Simple,” describes a servant woman who comes to believe her parrot speaks to her from God. Stein’s Paris servant Hélène served as a figure of influence, “who took pride in running the [Parisian] household on eight francs a day” and also owned a parrot (Mellow 8). Stein traveled to Europe with brother Leo and friend Mabel Weeks, and while Gertrude returned to Baltimore, the others stayed behind as Mabel remained to study in England and Leo

³² Not a significant amount has been written on Stein and her work in translating Flaubert. Carolyn Copeland suggests that “Stein learned the short, impassive sentence from Flaubert” (21f). See also Johnston; Walker 19–23; and Franke 81–121. But Flaubert’s prose was influenced by medical knowledge, and this is useful in a different light. As Mary Donaldson-Evans notes, though Flaubert in one speech disdains the “caste” of the medical man, it is incongruous “in view of the extent to which he drew upon medical knowledge in the creation of his characters and their stories” (22). Lawrence Rothfield has termed Flaubert’s style “medicalized realism” (*Vital Signs*), and discusses particularly the medical knowledge inherent in *Madame Bovary*, gleaned in part from the *Dictionnaire des sciences médicales* and other contemporary medical essays including those of Xavier Bichat. Medical knowledge, then, no doubt directs Flaubert’s narrative study: the narrative method is with this medical knowledge in hand, and in some way also connects to Stein’s own narrative technique.

lingered in Paris before moving to Florence. As Stein records in her autobiographical text *Paris France* in 1940, “The reason why all of us naturally began to live in France is because France has scientific methods, machines and electricity, but does not really believe that these things have anything to do with the real business of living. Life is tradition and human nature” (8). France, and Flaubert, were influential and became factors in Stein’s changing direction. Stein continued to lose interest in her medical studies, failing courses and her final exam to earn her degree. Further, as Linda Wagner-Martin writes, “Gertrude’s record suggests that her grades fell, in part, as she learned what knowledge meant to conventional (male) physicians” (51). For her final project, an anatomy project on the structure of the brain, she appears to have presented a model “so intricate and bizarre in its wrongness that it seemed a deliberate, final throwing over of her medical career” (Daniel 46). Instead, Stein renews her efforts in the direction of writing, living with Leo in Paris and eventually publishing *Three Lives* in 1909.

These three distinct moments for Stein – what is learned in her first years of medical school, her dislike for physicians and medical practice, and her attempts then to write about people outside of these norms – form a dialectic that converge in *Three Lives*. Stein learns first to view life through a physician’s eyes before moving to a critique of that same doctor as she sees outside of the norms she has been taught. Stein learns of her discomfort within the heterosexual, male life of medicine and looks to the world of narrative as one that could better serve her personality and purpose. The professionalizing doctor at the turn-of-the-century that Stein knew so well effectively constructs the patient and gendered roles, reinforcing an elitist vision of the world and women’s “proper” roles in labor. And yet, through the doctor’s perspective the reader can see the effects of this

social arrangement, the kind of de-identifying and invisibility that occurs for women like Anna or Melanctha, “normal” women who live in a negative space within hierarchal social structures, visible only when they are beneath the doctor’s gaze. Stein uses her early writing to craft and analyze the doctor’s perspective, adding a subjectivity that directs us to the object of the gaze, the patient.

As I argue in this chapter, Stein positions each of the women in *Three Lives* within the gaze of the male physician. Each of the characters and their sections of the novel may be thought of as individual medical case studies, allowing Stein to shed light on the doctor-patient relationship during this time period and to interrogate its hidden power structures. Stein portrays the patient as invisible or lacking power, coinciding with all three characters’ status as both lower class women and minority. The African-American doctor in Melanctha’s narrative fits into this scenario, as he has aspirations that align himself with the white medical community, something that helps to further characterize the figure of the powerful white male physician. This chapter also considers the narrative structure of the text and Stein’s experimental use of prose that underscores her purpose by showing these women through the doctor’s gaze, as the opacity of the prose corresponds with an invisibility of the woman characters. In a modernist style, Stein’s text provides an important framing of the doctor’s viewpoint, the minority woman patient, and power relations between the two.

All three portions of *Three Lives* present specific, individuated lessons on non-normative subjectivities. Anna’s narrative as the first patient reveals a concrete vision of labor and economics, which medicine attempts to interfere with. Anna is an amalgam of various servant women, an archetypical representative of the laboring class. Though less

literally narrativized through the doctor's gaze, the doctor's perspective is represented in the subtext of the forces imposed on Anna, pushed to limit her physical labor in order to create social mobility. Paradoxically, this moves Anna out of the economic self-sufficiency she had created as a woman of the laboring class, and eventually toward her death. Melanctha is revealed as a case study that hinges on a critique of normative sexuality and race. In this case, the doctor's gaze exists in the form of Jeff Campbell, who reduces Melanctha to generalities of the African-American community and critiques her sexuality, commenting on the minority community through his aspirations to the white, elitist class. "Gentle Lena," the last case study, reveals a combination of emphasis on labor as in Anna's narrative and a critique of normative sexuality as in Melanctha's. Stein plays with the very term labor in Lena's narrative; it is used in the meaning of manual work as well as work in childbearing. Lena's lack of knowledge and position as a mother is a central focus and the combined presence of male intervention through husband and physician reduces Lena's agency rather than adding to it.

Giving the doctor creative or corrective vision intentionally brings forth the problematic status of a woman who is subject to this vision. The doctor creates specific formations of his women patients in order to extend his role to a larger, more desirable social structure: a dialectic of the doctor as already modern and the patient as becoming modern. The doctor performs the role of modernity's arbiter, proposing and carrying out actions to create a more suitable modern citizen through medical work. When the doctor's intentions are applied to economically independent women of laboring status, instead of creating a better citizen the process fails, something Stein reveals through each character's death. In turn, this represents a failure of modernity, as modernism's new

medical knowledge and elite economic status do not help or heal but rather destroy those who are self-sufficient. The problems of modernity are effectively detailed through the use of gaze and narrative in the novel.

Forming the modern doctor

Stein's enrollment in medical school falls in the midst of the medical field's trajectory toward guild knowledge and elitism. In the mid-19th century, medical schools were unregulated, and resulted in more than 400 schools across the country with few defined licensing procedures. The profession "did not endow its members automatically with public respect" and the doctor was "more a courtier than an autocrat" (Starr 80). In the 1830s, Samuel Goss, practicing in Eaton, Pennsylvania, observed a territorial enmity between doctors and wrote that "Every man seemed to live in and for himself. Hardly any two could be found willing to meet each other in consultation" (Starr 80). American doctors until the mid-19th century were mainly roving laborers, and had none of the cultural capital that the profession commanded by the mid-20th century. They prided themselves on the amount of blood encrusted onto their clothing and hands (Judd 47).

After the mid-19th century, this practice began to change dramatically, as the American Medical Association promoted the idea of a more regulated and difficult procedure to become a medical doctor. In 1901, only 7 percent of physicians belonged to the AMA. That year, it was proposed that local, state, and national parts of the organization band together and become one united front. Making one association on a national scale would "foster scientific medicine and...make the medical profession a power in the social and political life of the republic" (Numbers 231). This 1901 measure

had an immediate effect (Numbers 231). Just a few years after this, the AMA continued to access and control the medical system, creating the Council on Medical Education in 1904 to inspect and grade medical schools, all of which worked to “control access to the profession by tightening the requirements for medical education and licensure” (Numbers 232). Largely due to the AMA’s influence and control, the profession of the physician became envied. “By the mid 20th century, physicians had become the most admired professionals in the land, and benefiting especially from the growth of health insurance, had passed bankers and lawyers to become the nation’s highest paid workers” (Numbers 234). The consolidation of power in the profession began at the turn of the century, a progress that originated mainly in the increasingly selective and rigorous training of physicians.

One of the first medical schools to become affiliated with the new mode of medical schools was Johns Hopkins. In 1892, the school created its new curriculum, focusing on medical education. When Stein arrived at the school in 1899, the university had already gained a reputation as a progressive, cutting edge facility for medical studies. As Magali Larson notes, “Until the foundation of the Johns Hopkins graduate school of medicine in 1893, America had no training center that could even remotely be compared to those in Germany, or even in Paris or in Edinburgh...The triumph of scientific medicine marked the end of medical sectarianism” (37). The increasing focus on research housed within universities turned medical schools into filters and regulators of physician activity. “In the United States, from the mid-1870s on, the states reinstituted licensing, entrusting it this time to those medical schools which were proving capable of producing

the new breed of medical practitioners” (Larson 37). Johns Hopkins was certainly one of those schools.³³

The history of the modernizing doctor plays a role in the social assemblage, as the formation of doctors who attempt to professionalize also affects the structure of society around them. While the profession as a whole was cohesive and came closer, the “social distance between doctor and patient increased” (Starr 80). The process enhanced class structure, further dividing the privileged from the disenfranchised. Within the doctor-patient relationship, sociological exchange centers on power relationships, including the existence of social credit, having a large populace trust in the framework of the profession. Though Larson’s discussion of medicine is of the contemporary variety, the impetus here is similar, that of a increasingly complex relationship of doctor and patient as well as the public’s ideological reflection on the physician’s abilities.

On the one hand, in the act of consultation, the doctor can appeal to interpersonal factors of confidence in order to bolster the individual patient’s belief in his professional competence. On the other hand, general public belief in the profession’s superior skills has to be deep and widespread enough to motivate the sum of individual choices which result in consultation with a physician. Thus, medicine appears to depend more than other professions on the general state of the public’s ideology about the nature and functional attributes of healing (Larson 23).

In this context, the doctor-patient relationship results in power placed upon the consulting doctor; the surrounding environs and the public’s belief in the importance of medicine imbues the doctor with his given power. The guild quality of doctors and their status during the early 20th century seems benevolent; a patient’s trust enables the doctor’s knowledge to fix a problem. Yet in the privacy of the clinical sphere, the patient’s status

³³ By 1910, there were only 155 medical schools, and Abraham Flexner wrote in a report that year that he recommended only 31 of them remain, Johns Hopkins among them (Larson). More rigorous courses were instated, a national licensing board exam was created, and the focus became the use of the newest and best methods of scientific discovery to combat the spread of diseases (Ludmerer).

is uninformed, and the doctor's is informed. A hierarchy is immediately established through the doctor as bearer of knowledge and the patient as the recipient. "The privacy of the consulting room makes the physician's services impenetrable to public scrutiny: in the actual transaction itself, the patient faces the physician alone. The patient, therefore, must rely exclusively on his own uninformed judgment since, indeed, the information he has about the effectiveness of the services he is getting is always indirect or *ex post facto*..." (Larson 22). The increasing gaps in knowledge between doctor and patient serve only the doctor, particularly at the turn of the century. "The transformation the profession eventually underwent consisted not so much in raising the status of those at the top, as in raising the middle and eliminating the bottom altogether" (Starr 82). Larson notes that Abraham Flexner, responsible mainly for his directive in professionalizing the medical doctor in the United States during this period, helped to make the medical professional move into this new power category by attaching to universities. As Flexner declared, "The broad scientific moorings of the 'quasi-disciplines' require...affiliation with the modern university" (Larson 34). The addition of the university such as at Johns Hopkins adds to cultural capital that doctors possess. As Paul Starr writes, "Acknowledged skills and cultural authority are to the professional classes what land and capital are to the propertied. They are the means of securing income and power" (80). For doctors, this is particularly true.

The power relationship of doctor and patient also relies on affective elements. "[T]he patient's anxiety about what may be, to him, matters of life or death leads him to make an emotional investment in the doctor-patient relation. Since there is a general tendency to attribute to one's doctor quasi-charismatic powers, uncritical acceptance of

his expertise is frequent: a patient wants to believe that somebody can help” (Larson 22). Similar to Foucault’s discussion of the “medical gaze”, the patient’s body is separated from the patient’s identity. In *The Birth of the Clinic*, Foucault gets at the heart of a basic process of medicine; the gaze itself is a defining process.

Medical rationality plunges into the marvelous density of perception, offering the grain of things as the first face of truth, with their colours, their spots, their hardness, their adherence. The breadth of the experiment seems to be identified with the domain of the careful gaze, and of an empirical vigilance receptive only to the evidence of visible contents. The eye becomes the depositary and source of clarity... The gaze is no longer reductive, it is, rather, that which establishes the individual in his irreducible quality. And thus it becomes possible to organize a rational language around it. The object of discourse may equally well be a subject, without the figures of objectivity being in any way altered (14).

The gaze creates a circular pattern, since the truth of what the doctor sees, the object of his gaze, becomes truth only because the doctor sees it. Only what the doctor perceives on the outside is equated with truth and rationality. The doctor, as Foucault theorizes, is able to speak in this language of the gaze, while still remaining objective. He is built around the gaze, and it is the gaze that allows him to function, while not being altered.

The doctor then has a “rational” language to use, through the productivity of this process that has created the patient. Understanding this gaze is key to Stein’s conceptions of the doctor-patient relationship in *Three Lives*. It is a relationship that exists based on the doctor’s formulation and creation of the patient’s identity, and Stein positions the women’s lives in each narrative as ones that seem to not matter until a doctor’s gaze is placed upon them. As Leon Katz writes of all Stein’s early work, “She saw the reality of relations – at first, relations of people, then of objects in space, and then of events in time – with as much force and clarity as though they were tangible” (xxxiii). Stein’s observations work to understand the doctor’s gaze and its powerful force; her

observations through language bring to life the existence of the patient's identity and narrative that steps outside of this gaze.

Anna

Anna's narrative is presented within the subjectivity of the doctor from the outset. There are no identifying characteristics given to her aside from brief description of her physical persona and the emphasis on her position as a member of the laboring class. "The good Anna was a small, spare, german woman, at this time about forty years of age. Her face was worn, her cheeks were thin, her mouth drawn and firm, and her light blue eyes were very bright" (2). The discussion, clinical and objective, reveals little. Anna is viewed only in terms of her exterior, and the opaque, spare language insists on keeping the gaze on the exterior. Stein, seemingly in agreement with Foucault, gives Anna no identity beyond outward appearance; the exterior gaze of the doctor represents the only truth of the relationship. When Anna's voice is heard, it assigns her further within her class position. In the opening pages, she speaks only within the guise of her mistress "Miss Mathilda". When she attempts a display of self, yelling at men kicking a dog or beating a horse, as a professed animal lover, "She did not belong to any society that could stop them.." (3). "[I]n the kindly fashion of the poor", Anna repeatedly gave her savings to friends in need. The narrative is interrupted by interjections of physical appearance, but always within the same range or trajectory, that of a woman of the laboring class. There is no beauty or aesthetic qualities assigned and Stein strips away attributes of gender or femininity. At the same time, language of medicine and illness appears. "Her face grew thin, more bony and more worn, her skin stained itself a pale yellow, as it does

with working sickly women, and the clear blue of her eyes went pale. Her back troubled her a good deal, too. She was always tired at her work and her temper grew more difficult and fretful” (14). The physical description of symptoms leads the overall narrative immediately to a focus on the external, including discussion of class status and physical appearance tending to sickness.

The laboring woman is framed as replaceable in Anna’s narrative. Despite Anna’s position in charge of hiring other servants, Stein uses adjectival work to make the procession of servants appear disposable; if one leaves, another takes her place. “Such things were sometimes hard to hear and often grievously did Miss Mathilda feel herself a rebel with the cheerful Lizzies, the melancholy Mollies, the rough old Katies and the stupid Sallies” (8). The women exist, but are made obscure. It is Miss Mathilda who anchors the narrative, who Stein returns to throughout, a stationary character, and notably, of the upper class. But the procession of women servants becomes a stream of invisible bodies who are used for their service and manual labor and discarded. Stein places the gaze on those who are invisible, but formulates it in an economic manner, as though from the viewpoint of one who does not “see” these women as individually important, an elitism that may be ascribed to a physician during this period.

Dr. Shonjen becomes Anna’s doctor, and is the first to convince Anna to submit to a medical procedure. The medical procedure itself is unknown. James Mellow, in his discussion of the novel as part of his biography of Stein, suggests it is cancer (72). Regardless, it is the doctor who convinces Anna to undergo a procedure after being brought to his care by Mrs. Lehnman:

[Mrs. Lehtman] induced her to let Dr. Shonjen take her in his care. No one but a Dr. Shonjen could have brought a good and german Anna first to stop her work and then submit herself to operation, but he knew so well how to deal with german and poor people. Cheery, jovial, hearty, full of jokes that made much fun and yet were full of simple common sense and reasoning courage, he could persuade even a good Anna to do things that were for her own good (14). Though Stein's awkward grammatical placement assumes Dr. Shonjen is German himself, there is never any reference to Shonjen's heritage. As John Carlos Rowe has footnoted, "Schon" is German for 'already' and 'je' for always, "pointing to his continuous bachelor lifestyle" (59). This may be an assumption that because the doctor works well with German women, he himself is part of this community. If it is taken instead in a reverse manner, of an elite male traveling into the community and knowing "well how to deal with german and poor people," a more sinister but perhaps more accurate portrayal of the doctor's gaze appears. The select cases that Stein and her peers were chosen to observe William Osler called the "unwashed maladies." "'The whole art of medicine lies in observation,' Osler told his students over and over, watching them use their eyes and ears, instructing them on how to touch a patient and where" (Wineapple 131). Stein's trained skill of observation as a medical student traveling into the various stratum of class is reflected here, as is the beginning foundation of the gaze of the elitist male on laboring women.

When Anna recuperates, she is forced to rest. Dr. Shonjen, the bearer of modernity, attempts to create a woman patient reflective of his own status, telling Anna to recover slowly. "Anna endured the operation very well, and was patient, almost docile, in the slow recovery of her working strength. But when she was once more at work for her Miss Mary Wadsmith, all the good effect of these several months of *rest* were soon worked and worried well away" (14, my emphasis). Anna's rest, though conceivably the

physical rest required after an operation, may be considered in a different vein in light of Stein's circumstances. Begun during the Civil War period, the "rest cure" was made famous by Philadelphia physician S. Weir Mitchell. The cure was often used in treating nerve illness, or neurasthenia, and allowed the physician complete control of his patient, with elaborate protocols that called for "total, enforced, extended bed rest (the patient was forbidden to sew, converse, move herself in and out of bed, read, write, and, in more extreme cases, even to feed herself)" (Golden 145). Neurasthenia and its treatment, rooted in Victorian ideals, was often attributed to upper-class women. "Because of the strains on the Victorian woman imposed by the rigid ideals of femininity, debilitating nervous disorders were more common among upper-and middle-class women than men", particularly in the United States by the late 19th century (Golden 146).³⁴ A male-female doctor-patient relationship in treatment of nervous illness proved useful for the doctor. F.G. Gosling notes in *Before Freud*, "Clearly the male physician/female patient relationship provided doctors with many opportunities to exercise chauvinistic tendencies, and the possibilities for abuse of power were magnified by the nature of neurasthenia and of the rest cure" (114). In Stein's text, the "good" Dr. Shonjen exists as the helpful healer who removes some of Anna's considerable discomfort. If considered outside of the German community, he invites a glimpse into the upper class world for Anna. The upper class patient is allowed to rest and recover, and has a semblance of choice in treatment.

³⁴ There are many texts that explore S. Weir Mitchell, the use of the 'rest cure' and the topic of neurasthenia, as well as other nerve diseases (the later iteration of hysteria) and its relation to class. This will be explored in another chapter, but is also notable in Tom Lutz's *American Nervousness, 1903*, F.G. Gosling's *Before Freud*, Diane Herndl's *Invalid Women*, and Carroll Smith-Rosenberg's *Disorderly Conduct*, among others.

Anna's return to work, however, is not debated. Directly following her procedure and recovery, Anna returns to manual labor and is quickly replaced in her previous status, allowed just a brief glimpse of a lifestyle without the impact of continuous labor. Dr. Shonjen is a connective link, as he pushes Anna toward a modern class of patient, yet still denies her a new kind of status. In 1881, D.W. Cathell's manual discusses how a doctor should approach a patient, the clothing that should be worn, and the attitude that should be expressed. Being overly friendly, however, is dangerous, as this "has a leveling effect, and divests the physician of his proper prestige" (Starr 86). Erving Goffman's *The Presentation of Self in Everyday Life*, in which he coins the term "impression management" notes that having the doctor control the interaction with the patient in order to attain specific outcomes is useful. "[I]n the actual interaction between doctor and patient the impression is allowed to develop that the doctor is a doctor because of special aptitudes as well as special training" (30). Insinuations of class, inherent in the doctor's training, extends to his relationship with the patient. For Anna, the rest she is given, a slow recuperation at the hands of a doctor, signals a removal from her normal economic cycle of independence, inert and under the physician's control. This status seems to invite reflection on class hierarchy. Stein suggests a direct connection of manual labor and class stratum; Anna's physical recovery seems a consideration of women *unlike* Anna, who have the time and opportunity to undergo treatment such as the rest cure.

Class structure is further imagined in the portrayal of Anna's trust of others whose knowledge she believes is above her own. "She gave herself to Mrs. Lehntman and the doctor to do what they thought best to make her well and strong" (14). Here the impetus is not on her own sense of agency in becoming well, but what the doctor believes is best.

This recalls both the doctor of the mid-nineteenth century who without his arsenal of medical technology relies on trust to keep his patients and the growing power of the physician at the turn of the century. Like Larson's social construct of the doctor-patient relationship, Dr. Shonjen's convincing Anna does not appeal to knowledge, but rather uses persuasive tactics for her to give in to something she knows nothing about. As Foucault underscores, knowledge linked to superiority is a genealogy created by the gaze, using information gathered through the gaze to assert power and control.

The physician's emerging power structures and knowledges eventually impacts the patient population. Anna ruefully tells Miss Mathilda that she can no longer go to see Dr. Shonjen, who marries and moves to a different part of town. Anna tells Miss Mathilda that "he is moved away up town too far for poor people, and his wife, she holds her head up so and is always spending so much money just for show, and so he can't take right care of us poor people any more" (38). Ironically, Anna pities him: "Poor man, he has got always to be thinking about making money now" (38). Stein reflects on the quickly disappearing services for immigrants and others of lower class position, who could in the past identify and afford to have intra-community medical service. Despite the excuse of Dr. Shonjen's new wife for his status, Stein reflects on shrinking opportunities for women of laboring classes to get authentic help, or be understood by doctors, as the doctor-patient relationship changes into one that disavows women like Anna. There is recognition, further, of an intra-professional elitism that begins to usurp professional classes such as the physician, closing off access to medical care for various populations.

The role of Mrs. Lehnman is important to the text, a part of the text's medical scene as a midwife and abortionist. While the term abortion is never used, Stein covertly

adds identifying factors. Mrs. Lehtman, for example, “had been for many years a midwife” (13). Mrs. Lehtman is given a medical role, specifically a role with pregnant women, yet the phrase is in past tense, signaling Mrs. Lehtman is no longer in this position. With “two young children to support,” her older daughter Julia only 13 and herself a widow, it does not appear Mrs. Lehtman has retired, but rather has been forced out of the position (13). In general, the status of the midwife lessens considerably after the turn of the century. “As late as 1900, about half of all children born in the United States were delivered by midwives; by 1930 midwife-attended births had dropped to less than 15 percent of all births in the United States” (Boyer 499). The growing position of the male physician acts effectively to remove women who had acted professionally or semi-professionally as midwives. Mrs. Lehtman instead turns to the role of abortionist for income. Mrs. Lehtman “loved best to deliver young girls who were in trouble” and would “take these into her own house and care for them in secret, till they could guiltlessly go home or back to work, and then slowly pay her the money for their care” (13). The doctor employing Mrs. Lehtman, “the mysterious and evil man” the reader finds out, “got into trouble doing things that were not right to do” (35). Despite Stein’s use of language “to deliver” young girls, the reference to abortion is clear. Dr. Shonjen is connected to Mrs. Lehtman, and the two originally live in the same part of town, further suggesting that Dr. Shonjen refers those woman patients “in trouble” to Mrs. Lehtman. The fact that Dr. Shonjen leaves to a new part of town at his wife’s request also suggests distaste with this affiliation. Stein’s covert language highlights the plight of women seeking abortions secretly from immigrant women such as Mrs. Lehtman, as well as

critiquing the cultural climate of medicine that pushes out women midwives and outlaws abortion.³⁵

Anna's relationship with Mrs. Lehtman further enmeshes Anna with medicine and its moral environment. Mrs. Lehtman "was the romance in Anna's life", and "the only one who had any power over Anna" (13). Through Anna's trust in Mrs. Lehtman, Dr. Shonjen carries out Anna's first medical procedure as "she gave herself" to Mrs. Lehtman and the doctor (14). While an initial reading includes Mrs. Lehtman only in the role of advisor, the pronoun "they" is used in terms of Anna's care, "to do what they thought best" (14). Here again, Mrs. Lehtman is given a medical role, and Anna's trust is given to Dr. Shonjen through Mrs. Lehtman. When Mrs. Lehtman adopts a child from a local girl who cannot keep the baby, Anna is outraged. Yet Mrs. Lehtman responds, "No indeed Anna, it's easy enough to say I should send this poor, cute little boy to a 'sylum when I could keep him here so nice, but you know Anna, you wouldn't like to do it yourself" (22). Mrs. Lehtman reveals an intelligence of the public health system and of the treatment of young immigrant children placed into state institutions. Mrs. Lehtman, "brilliant and charming" (13) serves to reveal injustices in the medical system as well as counter Anna's commonplace morality. As a progressive thinker who eventually gives Anna the idea to own her own boarding house, Mrs. Lehtman exists as a woman that the medical and public health system attempts to push out but is not

³⁵ Leslie Reagan in her text *When Abortion Was a Crime* discusses the history of abortion in terms of the progression of abortion from illegality to legal status, from 1867-1973. Laurence Tribe's *Abortion: The Clash of Absolutes* and Dorothy McBride's reference text *Abortion in the United States* provide historical information as well. Rickie Solinger's *Pregnancy and Power* discusses reproductive politics and its history, with discussion of abortion practices. As Solinger discusses, abortion in the U.S. in the Civil War period was not a matter of "individual choice" as we think of it in the contemporary period, but a matter of family and community. Yet as women moved into urban spaces on their own, they sought to separate sex and reproduction, away from the community, and abortion was popular, until states worked steadily to criminalize and control the practice in the period from 1870-1930.

entirely successful. Mrs. Lehntman is the only woman with power of any sort, yet it is a power that is increasingly threatened by the medical and social forces attempting to remove her.

Unable to move into a new social status through her medical procedure, Anna never fully recovers. As Stein writes, “For all the rest of her strong working life Anna was never really well” (14), the same phrase repeated for Mrs. Drehten (38). Anna has “bad headaches”, and a consistent state of being “thin and worn.” Stein repeats the word “worn” here and throughout Anna’s narrative, emphasizing the work’s repetitive nature. The language also points to machinery, something with perpetual repetition. The worker is literally broken or worn away through manual labor. Anna’s employment is not simply one that is low skill, but has animalistic implications, work that is entirely mindless. Anna’s tasks of cooking and cleaning are ones that purposefully place her at the bottom registers of the social mechanism. In addition to the repetition of “worn,” Stein instates a moral code that Anna possesses, the “right way for a girl to do,” a mantra Anna consistently repeats. Yet this moral code only highlights further that Anna is given the worst work, an irony that cannot be ignored. Anna “could never take a rest” because she “must work hard through the summer as well as through the winter, else she could never make both ends meet” (45). Anna’s willingness to work and believing it is part of her moral code is placed in ironic juxtaposition to the reality that discontinuing work was never an option. In creating an illusion of choice, Stein’s reflection on the power system in place is made more plain. Labor is not a choice for women like Anna, and neither is health, as the narrative makes clear. Stein’s purposeful language of labor as something without rest, in continual motion despite human need and medical health, is indicative of

Stein's motive of pointing out inequality through a focus on Anna's body and its progressive failing.

Anna's illusion of choice and advice for her medical care represents a larger danger. With continuing medical problems, Anna is forced to switch to Dr. Herman. Dr. Herman is a "good, plain, german doctor" who "would never do things so" that Dr. Shonjen has done, such as moving across town and taking advantage of a new class mobility (38). Yet Anna does not truly choose Dr. Herman just as she does not choose to work because she believes it is the right thing to do; it is imperative that she work to survive. Similarly, Dr. Herman is the only physician available. In addition, Anna receives Miss Mathilda's permission before entering into medical procedures, taking Miss Mathilda's word as a gospel of sound advice. Miss Mathilda appears as a caring authority who understands and considers seriously the risks for Anna and Mrs. Drehten in undergoing medical procedures. When Miss Mathilda sees Mrs. Drehten, she "told her she was glad that she was going to the hospital for operation," "for that would surely be best," and "so Mrs. Drehten's mind was set at rest" (38). Miss Mathilda may not be as attached to Anna as she would like to believe, and her advice about medicine is without any kind of medical knowledge. Rather than view these as Stein poking fun or reducing Anna's status into a parodic image of a laboring woman, Stein illustrates the destructive elements of a social morality that creates Anna's perspective. Anna's – and by extension the community's – illusions about labor and choices of service point to a critique of the limitations placed on these women.

As the narrative continues, it reverts simply to the existence of "the doctor." The increased anonymity of the physician places further emphasis on subjectivity and

knowledge, or lack thereof. Knowledge is a theme that Stein returns to in Lena's narrative in a similar manner, and in Melanctha's narrative, categorized as sexual. For Anna, the anonymity of the doctor reveals the distance between the two poles of doctor and patient rather than the attempt at healing or altruistic medical care. The anonymity is further highlighted in the blank quality of Stein's prose, the clinical encounter of the doctor and patient. As soon as the doctor is anonymized, Anna's condition becomes more serious, as she "grew worse all through this second winter" (45). Placing the dialogue in the doctor's terms, the doctor tells Anna that "she must go to his hospital and there he would operate on her," and she would be "well and strong and able to work hard all next winter" (45). It is a notable dichotomy between the way the doctor speaks with Anna and his own subjectivity. The doctor influences Anna's decisions through her own structure of identity as he tells her she can more easily return to work. This appears as independent decision-making, according Anna agency and the access to care and the illusion of decision. Yet, to the doctor's own subjectivity, it is not a transferal of agency but rather a continued denial of patient control.

Anna travels into the city for the operation, moving outside her own subjectivity and the borders of familiar identity. When she is within the urban space, the new, modern space of the doctor, the narrative turns to his vision. At this moment, the narrative states that the doctor "had done so well by Mrs. Drehten," removing a tumor, and this helped in convincing Anna to undergo her own operation. Anna's knowledge, or lack of knowledge, is brought to the center of attention. The doctor appears to rely on the patient's absence of knowledge, believing that since Mrs. Drehten's tumor was removed, this will communicate to Anna that she, too, will be healed. There is a gap in the space

between Anna's own agency of her body and the doctor who actually holds scientific knowledge of the physical body and its processes. Stein seems to enhance this irony, as the doctor views Anna's situation with more clarity than she herself is able to, despite the fact that it is her own body and her own symptoms. Earlier in the narrative, Anna would play practical jokes on the young boy servant of Dr. Shonjen's house, shaking the skeleton as the boy quaked in fear (18). In that atmosphere, Anna is directly within the zone of knowledge and touches it, yet there is a space between her and this true sense of scientific learning. The practical joke for Anna is simply that of scaring the servant, rather than any link to an understanding of anatomy. The same is repeated in this moment, as Anna feels confident in a knowledge that does not exist.

Stein plays with the action of death and who controls it. When the operation with the doctor is completed, "[T]he good Anna with her strong, strained, worn-out body died" (46). The blame for Anna's death does not lie with the doctor; it is not a botched operation, as Anna is alive after the operation is finished. Rather, Anna dies in a less dramatic way, a blameless act as she attempts to recover. It appears that despite the doctor's efforts, and Anna's "strong" body, she dies. In this case, it is an enforcement of the classist representation repeated from narrative's beginning, as Anna can never move beyond the entrapment of her own class position. Her final attempt at rest, to position herself as though part of a higher economic class that does not require labor to survive, leads to her death. The implications of Anna's narrative are a condemnation of the doctor's position as elitist, which removes opportunities for care, and the removal of economic self-sufficiency.

Melanctha

In Melanctha's narrative, the first event is a medical one, as Rose Johnson gives birth. The section opens with the statement that "Rose Johnson made it very hard to bring her baby to its birth" (47). The story begins *in media res* in the midst of Melanctha's life, and includes a medical perspective. The audience looks on with the doctor, who discusses the case and what happened in the operating room. Melanctha acts as a midwife to the struggling Rose, described immediately only as "patient, submissive, soothing, and untiring" (47). The adjectival work places Melanctha in Rose's service and within Stein's own experiences in obstetrics, working in an "untiring" way to help Rose in the delivery of her child. Stein plays with the term "patient," using it as an adjective to describe Melanctha and her calm demeanor with Rose, but also in a noun form to describe Rose as a medical patient. Describing Melanctha's "patience" and Rose as "patient" links the two women in the category of race, pointing the narrative inward from the doctor's viewpoint. The narrative's beginning is structured as though the reader is privy to the personal event of seeing a stranger's child born, as well as the strangeness of the event for the doctor, detached and patient, back to the adjective form.

Furthering the implication of the doctor's gaze, Stein characterizes Rose Johnson as a woman who "fussed and howled and made herself to be an abomination and like a simple beast" (47).³⁶ The racism in the statement appears as the elitist view of a white doctor and an outsider who is witness to a woman's affect in the midst of childbirth. Rose

³⁶ This scene is similar to Toni Morrison's *The Bluest Eye*, as Pauline gives birth. The doctor in the hospital tells another doctor in training, "[T]hese women you won't have any trouble with. They deliver right away and with no pain. Just like horses" (124). As with Morrison, Stein suggests the racial considerations of the black woman by a doctor, seen not only as of lower economic class, but also with animalistic sexuality.

Johnson is not introduced or described further. She is a woman attempting to bring a child into the world, and this is the only information given. The doctor's gaze is introduced and signified further by its racial commentary, one which uses the patient as an object of displaced knowledge. Foucault describes this in terms of the fantasizing of knowledge of patients, which reinforces power within the doctor-patient relationship. As he writes in *Birth of the Clinic*, "Not all the powers of a visionary space through which doctors and patients, physiologists and practitioners communicated...have disappeared; it is, rather, as if they had been displaced, enclosed within the singularity of the patient, in that region of 'subjective symptoms' that—for the doctor—defines not the mode of knowledge, but the world of objects to be known" (xi). The patient is the object "to be known," and as Foucault interprets and Stein records, it is the patient that creates the axis of knowledge, not the objective knowledge of medicine. Foucault outlines a difference between object and objective. The patient is object, which becomes different than the objective knowledge of medicine that the doctor may access. The "singularity" of the patient and the patient-centered relationship displaces the doctor's knowledge. Foucault's discussion of the relationship agrees with Stein's image, namely the barriers and complexities built within the strange affect of the unknown doctor and new patient.

The doctor enters into an emotional partnership with a patient to gain trust immediately, yet this creates an uncomfortable encounter that aims to turn the uncomfortable position into trust. However, it is not necessarily an equal partnership, which adds an additional layer of discord and "strangeness" to the medical encounter. The doctor must turn to a silent knowledge of human relations in addition to knowledge of medicine, layering knowledges to move toward the goal of trust and eventually cure.

Foucault points to the mediating influence of silent situational coding: “The figures of pain are not conjured away by means of a body of neutralized knowledge; they have been redistributed in the space in which bodies and eyes meet. What has changed is the silent configuration in which language finds support: the relation of situation and attitude to what is speaking and what is spoken about” (xi). What he calls “attitude,” I term affect, the unnamed, and perhaps uncategorized, emotional discord that goes on within spoken word or silence between a doctor and patient. Stein’s opening scene describing Rose and Melanctha begins an engagement with the doctor-patient relationship and the difficult parsing of the simultaneous closeness and distance within that relationship.

Racism and science are interrelated through the focus on the black female body in Melanctha’s narrative. In viewing Rose Johnson’s baby delivered, the racial categorizing of black bodies is called forth, particularly 19th century scientific discovery of anatomy and the sexualized black female. Rose is “sullen, childish, cowardly, black” and “careless, negligent, and selfish” (47). Immediately after the experience of Melanctha helping to deliver Rose Johnson’s baby, the narrative declares the baby’s death. “The child though it was healthy after it was born, did not live long” (47). The narrator notes that “the child was dead and Rose and Sam her husband were very sorry but then these things came so often in the negro world in Bridgepoint, that they neither of them thought about it very long” (47). As Siobhan Somerville notes in her discussion of scientific racism and queer bodies in the 19th century, “[T]he male body was not necessarily the primary site of medical inquiry into racial difference. Instead, as a number of medical journals...demonstrate, comparative anatomists repeatedly located racial difference through sexual characteristics of the female body” (26). Somerville traces the connection

to sexuality as well: “[R]acial difference of the African body...was located in its literal excess, a specifically sexual excess that placed her body outside the boundaries of the ‘normal’ female” (26). Rose Johnson’s birth scene underscores an occupation with this sexual excess and the categorization of sexuality as racially charged. This is continued in the narrative’s characterization of Jane Harden, who brings Melanctha knowledge about “wandering,” suggesting prostitution. Melanctha’s “wandering” typifies the generalization created about sexualized African-Americans, and specifically females, part of which helps to control the way white women are viewed and protected. As Somerville also notes, “In constructing these oppositions, such characterizations literalized the sexual and racial ideologies of the nineteenth century ‘Cult of True Womanhood’; which explicitly privileged white women's sexual ‘purity’ while implicitly suggesting African American women's sexual accessibility” (28). Sexual accessibility is underlined in the opening scene of giving birth, as well as the “discarding” of the newborn child, suggesting continued promiscuity in Rose's absence of maternal care. Sexuality and its attendant promiscuity clouds any maternal awareness and sense of responsibility.

The anonymity of Rose’s child and its death shortly after birth connect to the nexus of the doctor-patient relationship and affect. The anonymous child, unnamed, is introduced and then immediately denied life. As seen, “The child though it was healthy after it was born, did not live long” (47). Stein’s narrative with clinical language underscores the strange affect within the doctor-patient relationship and a gap in racial identity. Clinical language replaces any humanistic mourning or emotional connection. The narration and representation of the anonymous child’s death are similar to Foucault’s description of a silent configuration of social cues within clinical practice, cues that do

not fully grasp the affective experience of the relationship or offer it authenticity. The racial implications are clear, particularly if narrated by the doctor. As with Stein's experience, practicing in Baltimore suburbs and witnessing this behavior, particularly from Stein's white male supervisors, the tones of racial categorizing become clear. Stein also comments on the black female patient and their categorization by white male physicians, which accords with Somerville's connection of the subliminal protection of white women at the expense of racial subversivity and attaching sexual proclivity to women of color.³⁷

The focus on Rose Johnson and husband Sam begins a trajectory of discussion of labor and economics, yet one that is marred by racism. Rose marries Sam, who is "a decent honest kindly fellow" who works as a deck hand on a ship and they "furnished comfortably a little red brick house" (49). The only other information given about Rose is that she is a "real black negress" but has been "brought up quite like their own child by white folks" (48), leading the couple to "get regularly really married" (49). Repeating this, Rose felt it would be "very good in her position to get regularly really married" (49). These repetitions and the focus on marriage point to an attempt at social mobility, to gain traction in what Stein sets out as the barriers of race and class, as it is whites who get "really married." Rose still has the "simple, promiscuous unmorality of the black people" (48) though without "the wide abandoned laughter that makes the warm broad glow of

³⁷ Notably, rather than find the text racist in its descriptions, Richard Wright praised the depiction of Melanctha, saying it was "the first long serious treatment of Negro life in the United States", more authentic than Zora Neale Hurston (Showalter *New Feminist* 252, Stimpson 501). Carl Van Vechten wrote that it is "the first American story in which the negro...is regarded...not as an object for condescending compassion or derision" (Introduction to *Three Lives*, Modern Library).

negro sunshine” (47)³⁸. Again, these troubling statements seem to point to a simple charge of racism on Stein’s part. However, this also brings the reader to the origin of the story, that of Rose’s child and its birth and death. Returning to the opening scene forces a consideration of a view of Rose as though through a white, male physician’s eyes. Sex and reproduction in the opening scene concretizes this racial characterization as though from the viewpoint of a man of science. As Somerville outlines, beginning with the ‘Hottentot Venus’, a “tradition of comparative anatomy located the boundaries of race through the sexual and reproductive anatomy of the African female body” (26). The late 19th century physician is viewed against Stein’s own conceptions of the medical sphere and her frustrations with the white male ownership of the profession. As James Mellow notes, Stein’s narrative is remarkable for its “slow, patient, clinical manner in which the power and perversity of human character, the waywardness of passion, are analyzed and laid bare” (73). In this specific discussion, the “perversity” of the relationship between the doctor and the patient is represented here. It is the perversity of human character that has created the clinical affect of the doctor who categorizes and decodes a scene via racial bias.

Rose’s possible prostitution lends weight to the discussion of economics. Were Rose’s baby to be a product of prostitution, another explanation for her negligence of the child, the economics of prostitution complicates the discussion. As prostitution is an avenue for a woman’s economic self-sufficiency, Rose’s experience seems to accord with Stein’s theorizing of the lower class woman as economically independent. In seeing her

³⁸ The word ‘unmorality’ appears in certain editions of the text, while ‘immorality’ appears in others. Using ‘unmorality’ gives an interesting bent to the word, as though an absence, or a space, is left, a more neutral position, rather than ‘immorality’, which implies a more negative stance of judgment.

baby to its death, Rose Johnson picks up as before. Were the child the product of Rose and Sam's relationship, the result would be the same. The end product of Rose and Sam's relationship would not be Rose's heteronormative life with children. By marrying and having children and Rose claiming the role of mother, Rose would then be dependent solely on husband Sam's labor. Instead, with the child dying, Rose can return to her (possible) life as a prostitute, and continue the cycle of economic independence. Having a child is equated with economic dependence, and a woman having to "earn her keep" in the household through normative sexual exchange with a man.

As Rose engages in labor outside of normal roles and earns money through alternative methods to create new economics, Stein asks questions of the roles of wife and mother. Though a darker avenue of thought, Stein brings the patient view forward, asking whether children are necessary, and if the child were to die, such as in Rose's case, if that would perhaps bring a kind of freedom to the mother. Particularly in the case of African-American women, from an economic standpoint, losing one's child is a pathway to a better rather than worse economic scenario. Removing the child also leaves room for Rose's sexuality to bloom, something that instructs Melanctha. Immediately after Rose's child's death, Melanctha begins her own sexual exploration. This is continued in the relationship with Jane Harden. Shortly after her friendship begins with Jane, Melanctha "now really was beginning as a woman" (54). Melanctha "began to search in the streets and in dark corners to discover men and to learn their natures and their various ways of working" (54). This again suggests prostitution, searching "streets and dark corners". Melanctha begins to understand her own sexuality through this

process of exploration, helped along by Rose, and in doing so, subverts normative labor and class roles for women.

As Stein repeatedly notes throughout Melanctha's narrative, Melanctha "wanders." This movement without purpose suggests a removal from normative labor, a purposeless exploration of her own sexuality. Leon Katz equates Melanctha's relationship with Jeff to Stein's relationship with May Bookstaver, as Stein learns about herself and her own moral perspective and views of sexual conventionality (xxxviii). This same kind of exploration is reflected here, as Melanctha explores conventional sexuality, before moving into a relationship with other women, including a relationship with Jane Harden before returning to men. As Melanctha searches the streets to "discover men and learn their natures and their various ways of working," (54) the actions of the narrative lead with her body. Repeated sexual exploits, both anonymous and with named partners such as Jeff Campbell and Jem Richards, sets Melanctha's body as the central subject of the narrative. As with Anna's operations and use of her body in manual labor, Melanctha uses prostitution to subvert codes of class and labor. Both women earn their own way in this system, Anna as a servant, saving her own money, and Melanctha as a prostitute, where money is never overtly discussed, but is implied. This places the women squarely within the lower class, yet using their bodies in this way also results in their independence. Neither of them marry or give birth, removing them from normative activities of both class and heterosexuality.

Stein rejects conventional sexual and economic code further in Melanctha's relationship with Jane Harden. Jane Harden "loved Melanctha hard and made Melanctha feel it very deeply. She would be with other people and with men and with Melanctha,

and she would make Melanctha understand what everybody wanted, and what one did with power when one had it” (60). Further, as Melanctha engages in relationships with men, “It was still the same, the knowing of them and the always just escaping, only now for Melanctha somehow it was different...for now Melanctha was with a woman who had wisdom and dimly she began to see what it was that she should understand” (59). Melanctha in “just escaping” may be escaping pregnancy in her sexual activities, and by extension, escaping the trapping qualities of the middle class experience. Without marriage and children, experimenting with Jane Harden, Melanctha breaks the contracts of economics and labor that exist for women. Melanctha’s knowledge of sexuality is completed with Jane, “a woman who had wisdom.” In Melanctha’s “young days” it was “only men that...held anything there was of knowledge and power”, yet it “was not from men however that Melanctha learned to really understand this power” (54). Through Jane’s intimacy and instruction, Melanctha learns of sexuality, equated with power. Power can be interpreted here either as economic power through the independence of prostitution, or the power of a woman’s sexuality wielded over a man. While her wanderings with men seem empty and fleeting, Melanctha’s interactions with Jane bring added knowledge of identity and sexuality.

Rather than reading Melanctha’s absence of employment and “wandering” as failure, Stein specifically notes that life “was really beginning” for Melanctha (54). As Stein herself wrote during her time in Baltimore with May Bookstaver, “All I want to do it to meditate endlessly and think and talk” (Katz viii). Forward progress begins for Melanctha when normative roles of sexuality and labor are eschewed and ignored. Medical school in many ways reinforces heteronormative sexuality and conventional

aspects of labor, in preparing mainly men for medical careers. As Lucy Daniel discusses, Stein gave considerable thought to the ability to procreate. When Stein realized this was not for her, the other way to “regain the feeling of ‘the everlasting’ was to write, the “‘everlasting feeling’ that composing sentences gave her” (42). Non-normative practices are mirrored in some ways in the descriptions of Melanctha and Anna in their rejection of labor and marriage practices. Melanctha’s engagement in the “knowledge” and “power” of sexuality is beneficial rather than destructive.

Triangular desire of Stein’s earlier text *Q.E.D.* is replicated in *Three Lives*, as Melanctha appears to struggle between affinities with women like Rose Johnson and Jane Harden and with Jeff Campbell. Corinne Blackmer reads this as similar conflicts within different context. “Stein transfers the heterosexist paradigms that limited the relationship between Adele and Helen in *Q.E.D.* to the similar clash between Jeff and Melanctha over middle-class morality and bohemian mores” (Blackmer 247). Some of the struggle between Melanctha and Jeff Campbell can be explained in part by sexual rivalry. While Melanctha must choose between Jane, Rose and Jeff, Jeff must also combat Jane and Rose’s affections and the new sexual “knowledge” Melanctha has been given. As Jeff appears a conservative character from the narrative’s outset, Melanctha’s relationship with women is particularly upsetting. As Eve Sedgwick writes in *Between Men*, rivalry is what drives relationships and the participants’ actions. “The bond between the rivals is even a stronger determinant of their actions than anything in the bond between either of the lovers and the beloved” (21). Unseen rivalry between Jane or Rose and Jeff seems to determine Melanctha’s actions, and frame desire in unconventional ways. The

triangulation further pushes Melanctha's sexuality away from the normal configuration and blurs the lines of propriety.

With the addition of Jeff Campbell's character, reworkings of race and the emphasis of medicine returns. Stein conflates Campbell's attraction to medicine with racial uplift. Stein writes that "He sang when he was happy, and he laughed, and his was the free abandoned laughter that gives the warm broad glow to negro sunshine" (63). The stereotype presents racial characteristics as signifying, yet points to empty signification. Conversely, Jeff is deeply unhappy for most of the narrative. The description of Jeff exists from a distance, reinforcing the absent gaze of the white male narrator. While Jeff and Melanctha's interactions and relationship is rocky and temperamental, Jeff is displayed only through stereotyped happiness. Jeff's labor is also articulated as though from a distance. "He loved his people and he never hurt them, and he always did everything they wanted and that he could do to please them, but he really loved best science and experimenting and to learn things, and he early wanted to be a doctor, and he was always very interested in the life of the colored people" (64). As from an outsider's perspective, Campbell is interested in "the life of the colored people." Science and experimenting are signifiers of whiteness, a community he is a part of only as a doctor. It is the Campbell family who gives him his last name and puts him through medical school. "The Campbell family had been very good to him and had helped him on with his ambition. Jefferson studied hard, he went to a colored college, and then he learnt to be a doctor" (64). Likely, Jeff goes to a colored college, but then must switch to a white medical school to complete his education. It is with the support and funding of a white family, assumedly the Campbells, who give him his profession as a doctor. Yet he

“always liked to talk to everybody about the things he worked at and about his thinking about what he could do for the colored people”(66). Stein positions Jeff as “sponsored” by a white family, yet pushing forward in racial uplift. Like Melanctha’s sexuality, Stein pushes categorization into complexity and reinforces only an outsider’s view. An African-American doctor is raised by whites, entering a colored college then likely a predominantly white medical school before returning to a goal of “helping his people.” That the description is of “colored people” or “his people” returns the impression of the white male outsider as narrator.

Jeff’s alignment with the medical community causes increased tension. He notes to Melanctha that “I am a colored man myself and I ain’t sorry” yet in his actions of medicine, he mimics the elite white male who encourages discipline of the “colored people.” “Living regular”, or being “good” and “quiet” is what Campbell says is “the best way for all us colored people” (70).

Instead of just working hard and caring about their working and living regular with their families and saving up all their money, so they will have some to bring up their children better, instead of living regular and doing like that and getting all their new ways from just decent living, the colored people just keep running around and perhaps drinking and doing everything bad they can ever think of, and not just because they like all those bad things that they are always doing, but only just because they want to get excited (70).

The condemnation of African-Americans speaks to Jeff’s inculcation of racial categorizing from his educational experience. Each time Jeff is frustrated with Melanctha in their relationship, he returns to his work of medicine. Following one heated discussion with Melanctha, Jeff declares he will, “‘certainly will stop fooling, and begin to go on with my thinking about my work and what's the matter with people like 'Mis' Herbert,’ and Jefferson took out his book from his pocket, and drew near to the lamp, and began

with some hard scientific reading” (75). Privileging “thinking” over “feeling,” Jeff views Melanctha’s flaws of “feeling” too much. The prototypical thinking, scientific white, medical man is one Jeff aspires to. Jeff uses his schooling and medical knowledge to diagnose Melanctha, to determine the cause of her “feelings.” This points to Somerville’s discussion of the white male scientist coding the black woman’s anatomy as sexual proclivity, declaring right or wrong based on physical characteristics. Jeff’s continual return to scientific documents and the science of his work speaks to his allegiance to a white, elitist agenda, in conflict with his proposed allegiance to his “own people.”

Jane Harden, as a medical patient, further complicates Jeff’s viewpoints of race. Jane tells Jeff while in consultation about Melanctha’s past “wanderings.” Jeff is disgusted with Jane’s drinking and debauched ways. This turns into disgust for himself, and a disgust for his tenuous self-knowledge.

[He] only had disgust because he never could know really what it was really right to him to always be doing, in the things he had before believed in, the things he before had believed in for himself and for all the colored people, the living regular, and the never wanting to be always having new things, just to keep on, always being in excitements. All the old thinking now came up very strong inside him. (91).

Jeff then “sort of turned away then, and threw Melanctha from him” (91). Contradiction and confusion is apparent within the racial motivations that Jeff struggles to categorize into right and wrong. This confusion is partially represented in Stein’s repetitive narrative technique. As Leon Katz writes, “Stein’s particular intent of making gradual revelation of whole natures is not new to her work, but the underlying contradiction between them becomes more and more explicit and troublesome in her writing until the technique of narrative altogether breaks down, and narration itself becomes submerged in a different sort of ‘composition’ (xix). This type of narration submerged in composition, particularly

a contradiction between “natures” in narrative, is seen best here. Jeff struggles throughout the narrative to understand Melanctha and reconcile her with his own nature. This creates a triangulation on its own of race, sex, and nature. Jeff returns again and again to new understandings, only to return to old methods and ways of thinking. There is no linear quality of progress or revelation of a “whole nature” or a “bottom nature” that Stein seeks. Stein leaves the complexity as it is, not coming to a kind of conclusion for Melanctha and Jeff’s relationship, or any kind of conclusion about race. Not entering into conclusions speaks to the emphasis on mixed categorizations, triangles of desire, and confusion that should remain. This confusion is most present in Melanctha’s narrative, signaling it as the most modern of the three narratives and presages Stein’s future work, namely the inclusion of elements that repeat into oblivion but do not make any progress.

Jeff’s medical profession subsumes his identity, lost within the identity of a medical doctor. The opening description is that “Dr. Jefferson Campbell was a serious, earnest, good young joyous doctor” (63). The use of “doctor” even in his introduction privileges his status. The adjectives move from “serious” and “earnest,” the important qualities of a doctor, before lending him the terms “young” and “joyous.” As it continues, “He was so good and so sympathetic and he was so earnest and so joyous” (63). Stein links race and profession, reiterating that his “joy” came from the “negro” side, as in his laugh, which was “the free abandoned laughter that gives the warm broad glow to negro sunshine” (63). The existence itself of a black physician is a troubled one. Stein allows only the most essentialist characteristics of both – the elite white male as characterized by science and learning, the black male characterized by joy and laughter, as with “negro sunshine.” These conflicting impulses within Jeff’s personality are defined through race

in the narrative, a confusing amalgamation of racial characteristics that calls to the absurdity of each categorization.

Medical practices help to frame Melanctha's relationship with Jeff. While Melanctha's mother is upstairs and ill, Jeff and Melanctha carry out many of their conversations and begin their relationship. Melanctha has some knowledge of medicine, seen in the opening episode in helping Rose deliver her child, and Jeff talks to Melanctha about medicine. In times of conflict with Melanctha, Jeff returns to medicine and its proper boundaries to guide him in his pursuits. "Jeff went away for a little while to another town to work there... he would work hard, and then he would begin once more to see some beauty in the world around him" (122). When Melanctha is ill herself, medicine allows Jeff to return. Jeff was "a good doctor to her, and very sweet and tender with her, and Melanctha loved him to be there to help her" (101). Jeff accuses Melanctha of using her physical pain as a "weapon" against him, telling Melanctha "You certainly ain't got no right always to be using your being hurt and being sick, and having pain, like a weapon, so as to make me do things it ain't never right for me to be doing for you. You certainly ain't got no right to be always holding your pain out to show me" (101). Jeff's relationship with medicine defines his relationship with Melanctha. The push and pull of the romance with Melanctha is echoed in the affective qualities designated to medicine, and the triangulation given to Jeff is between Melanctha and medicine, complicating the mechanism of desire. The physician's gaze afforded to Jeff takes on racial coding as well as conflicting impulses of human relations.

In the final pages, when Melanctha is estranged from Campbell, her own life ends with illness. Melanctha "began to cough and sweat and be so weak she could not stand to

do her work” (141). She returns to the hospital “and there the Doctor told her she had the consumption and before long she would surely die” (141). Melanctha is sent to a “home for poor consumptives” and “stayed until she died” (141). Consumption, a disease linked to poverty, is what brings Melanctha to her end. Her previous economic success via prostitution ends when she enters into normative relationships, first with Jeff and then with Jem Richards. With Jem, she had hoped to be married to the newly wealthy man who made his money on betting: “She loved it too, that he wanted to be married to her” (130). As Jem abandons her, Melanctha was “all sore and bruised inside her” (139). Melanctha’s attempts at normality and class mobility bring her back to isolation, and into death. Stein’s purposeful return of Melanctha to poverty points to the woes that attend the attempt at “normalcy” of sexuality and economic dependency. Jeff is absent from the end of this narrative, and a cold, clinical discussion of the end of Melanctha’s life ensues. There is no romance, and even within a medical institution, presumably with white male doctors, Melanctha cannot survive. Stein appears to comment on the failure of Jeff Campbell and his hope of “helping his people” as well as a failure of medicine itself. There is no upholding of white privilege, yet neither is there an extension of racial uplift.

Melanctha’s own failure lies within her body and its illness, and this is where the narrative returns. As with Anna, the body is the central locus, the laboring body that eventually breaks down as Anna’s “tired worn out body” fails. A similar action appears in Melanctha’s death. It is without import, reinforcing and returning a classist view, as Melanctha’s body gives out quickly and despite medical help. The doctors cannot save the women, despite their confidence in learning, as with Jeff Campbell and his seeking security within the pages of learning and medical knowledge. These women are unable to

be helped because they exist outside the borders of normality. Anna's nonnormative asexuality and her trajectory of labor and self-independence allows her to sustain herself rather than seeking marriage or children. Melanctha is difficult to categorize as a mulatto who experiments in sexuality, and has no trajectory of labor. With these categorizations placing them outside of normative holds, medicine as a normative idea itself cannot help them or restore them to their previous status outside of normalcy.

Lena

In Lena's narrative, the final case study of the novel, knowledge is the focus. Knowledge in this narrative points away from that of medicine that Jeff Campbell espouses and instead toward an absence. Lena's lack of knowledge begins as she embarks on her journey to the United States: "She did not know that she was always dreamy and not there. She did not think whether it would be different for her away off there in Bridgepoint" (146). Lena's narrative repeatedly uses the word "know" only to emphasize that Lena never "knows." While her voice is heard in the beginning of the narrative, eventually it is silent, as her knowledge continues to disappear. As Harriet Chessman discusses, "After the first few pages, the story makes no room for her expression; quite literally, she speaks less and less, until her caressive voice becomes completely absent from the narrative" (36). At first a servant working for a family, Mrs. Haydon then arranges Lena's marriage with Herman Kreder, a loveless match. This forces Lena further into anonymity. When she is to be married and Mrs. Haydon interrogates her, it is notable that Lena cannot hear: "I didn't hear you say you wanted I should say anything to you" Lena tells Mrs. Haydon (151), a grammatically awkward instant that further obscures

Lena's representation. Without hearing and without knowledge, Lena is without purpose. Stein uses Lena as a vehicle for her final chapter to reinforce the lack of forward movement and a total erasure of a character. While Anna has strong opinions and Melanctha wavers, the completion of the erasure is finalized in Stein's final narrative.

Lena becomes a body for bearing children, replacing the sliver of identity she claimed. Chessman ties Lena's inability to speak with an existence outside the realm of meaning, and points to her as a body without a voice, appropriated by others. "Lena's inarticulateness and her bodily existence outside language as a signifying system only make her into raw material for others' stories" (39). As Chessman continues, "Instead of Austen's comedy we find Stein's tragedy, the tragedy of an ordinary female life like Lena's, caught within the meshes of a cultural imperative that overwhelms her and for which she has no language" (39). Mrs. Haydon's forcing Lena into a marriage with Herman Kreder, the result of which is children and a further reduction of Lena's identity, reinforces Chessman's point. Cultural imperatives of German immigrants are at stake, but beyond this, or perhaps in addition to Chessman's reading, the imperatives that overwhelm Lena are cultural imperatives for women in general. Imperatives toward marriage and childbirth are ones that women face regardless of class or heritage. Without knowledge, Lena has only her body to focus on, but the body here is subsumed under cultural imperative and normative practice. The tragic qualities in Lena's narrative are the most salient, mainly because there is so much missing. Unlike Anna whose voice is clearly heard, or Melanctha, who attempts to make choices sexually and economically that hide her for a time from sublimation, Lena succumbs almost immediately, erasing any identity of her own.

Lena's body itself is not given any characteristics that allow it to stand out or exist in concrete fashion. She is described as having "the flat chest, straight back and forward falling shoulders of the patient and enduring working woman" (143). Labor eventually defines her body, but in the opening of the narrative, there are no "lines" of her body to be taken away, no identity that is to be stripped later on. She exists also from the beginning as a "patient" woman, foreshadowing her later experience as a medical patient. Adjective here will become a noun, symbolic also of the identity that will be removed partially through the action of medicine. Her body is "still in its milder girlhood and work had not yet made these lines too clear" (143). It is only labor that will reveal the outlines of her physical shape. Tragedy also inserts itself here, in that no clear identity is ever present to be removed. When she is seasick on the ship, an experience she has never had before, Lena believes not that she is sick, or understands that it is temporary, but believes it is a finality and that she will die. "She could not eat, she could not moan, she was just blank and scared, and sure that every minute she would die" (147). Further pushing agency away from Lena beyond lack of knowledge, Lena could "not hold herself in, nor help herself in her trouble. She just staid where she had been put, pale, and scared, and weak, and sick" (147). The helpless quality points to lack of knowledge even in regard to her own body. She cannot move her body, and cannot exert control over it. Stein's removal of a connection even to her own physicality points to the tragic quality, and again to the erasure of an entire character.

In marrying and becoming pregnant, Lena's awareness and knowledge is diminished to a further extent. In a normative process, sexual experiences would bring knowledge of the body, as a woman is able to understand the sexual process. Yet for

Lena, the opposite occurs. In marrying Herman Kreder through the action of Mrs. Haydon, Lena has no sense of increased knowledge from sexual encounter. When Lena becomes pregnant, only Herman describes it, as he fends off attacks from his mother who treats Lena cruelly. Herman “could see that Lena with that baby working hard inside her, really could not stand it any longer with his mother and the awful ways she always scolded” (164). Stein makes a point of continuing to remove Lena’s bodily awareness; the baby seems to create itself, without any action of Lena’s. Stein’s inversion here is an inversion of medical discourse. Proper medical knowledge and use of medical expertise relies on the mother’s narrative as well as directions the mother should follow for the health of the child. Stein’s inversion not only reverses motherhood and Lena’s power, as the child is self-directed, but also medical expertise that cannot intervene. As Lena has no voice, there is no link to the child or a way to care for it. Stein strips power from the doctor, foreshadowing once more Lena’s death in childbirth where the doctor will again fail, as well as experimenting in removing the doctor’s cultural power that he so lately inhabits.

When the act of childbirth commences, Lena does not experience any knowledge or discovery, and is anonymous through the gaze of the doctor. She is “scared the way she had been when she was so sick on the water” (165). The medical encounter reveals a desultory glance at a laboring woman entering into childbirth and the process of labor. Here Stein plays with language, and refuses Lena any agency over her own birth experience. “She was scared and still and lifeless..”, and this is repeated in the same sentence “...she could only sit still and be scared, and dull, and lifeless” (165). The repetition of the word “lifeless” is a purposeful inflection of death in the midst of what

should be the bearing of life. The “still” quality of Lena, who is frightened into immobility, lends weight to the idea of Lena’s lost power; she has no motion, no movement forward in life. She herself is not producing the baby, as she cannot move. It is instead the doctor who takes charge of the encounter. While Lena is repeatedly “lifeless,” the baby is born, bringing a life that eventually will replace her own. This points again to the lack of identity accorded to Lena. The baby was a “good, healthy, little boy” (165). Health is something the baby is allowed, but not Lena. The repetition of lifelessness is given to Lena once more as she “was just the same as when she was waiting with her baby. She just dragged around and was careless with her clothes and all lifeless” (165). Stein points to birth as a process that drags life from Lena in a literal way. Bringing the child to its birth infuses normalcy into the child, but takes it away from Lena, and any chance she has of her own grasp of identity leaves her in the process. Both of the male influences that affect Lena’s bodily experiences, Herman’s impregnating her and the doctor delivering her child, point to biological and medical experiences that drain her of mobility and agency.

The process of lifelessness continues as Lena has more children. Rather than gaining knowledge, it is only a dull emotional awareness of pain that she experiences. “She did not seem to notice very much when they hurt her, and she never seemed to feel very much now about anything that happened to her” (166). The process of childbirth becomes synonymous with her entire life and identity, a vague pain that she cannot differentiate between. Stein includes a plural pronoun, “they” hurt her, signaling that it is not necessarily a singular doctor, but a “they” that includes multiple doctors, the entire

hospital, or the collusion of both her husband and the doctor who have hurt her in sexual encounter and in childbirth.

Lena's death ends her continued demise. When Lena's fourth child is born, both child and mother die in the process. "When the baby was come out at last, it was like its mother lifeless" (167). Similar to the episodes of Anna and Melanctha, medicine and the environs of the hospital cannot save her. Whereas previous children drained some of Lena's life-giving force, by the fourth child, she has none left to give. Stein suggests a progression of pain from Anna to Melanctha, which ends with Lena. Pain for Lena dulls to an unconscious quality that has become blurred with the outlines of normal life and is indistinguishable. As with the modernist quality of disruption, Lena's narrative uses the subject of absence and the blurred outlines of pain to describe a progression in the loss of power. This loss of power moves from character to character and culminates in Lena's "lifeless" experience. While Anna and Melanctha have moments of clarity and strength, Lena's narrative signals an absence of force and a particular dominance of the male domestic and medical realms. This dominance works against her until her entire existence becomes void.

The hospital and the medical professionals are unable to understand or intervene in Lena's death. Stein ends Lena's life with the line, "When it was all over Lena had died, too, and nobody knew just how it had happened to her" (167). Medical professionals themselves now do not have knowledge, as they do not know what caused her death. The term "nobody knew" indicates plurality, as though multiple doctors or others working in the hospital could not understand this complex scenario. The absence of knowledge mirrors Lena's own, and the nonchalant tone seems to further place Lena into absentia.

The setting of the hospital, full of disease, is not something that brings life, but complicates the patient's outcome. The hospital is far from a comfortable setting, as of home. As Foucault notes of the hospital, "...can one efface the unfortunate impression that the sight of these places, which for many are nothing more than 'temples of death', will have on a sick man or woman, removed from the familiar surroundings of his home and family?" (Foucault *Clinic* 18). Lena is removed from her "familiar surroundings", and along with the absence of knowledge in this scene, brings Stein's purpose to fruition in denying victory to either side.

It is within the hospital setting where death occurs for all three characters. Anna dies in a hospital after her operation, Melanctha in a medical institution in the home for poor consumptives, and Lena in a hospital in the midst of childbirth. These are not coincidences; away from comfort and ensconced within the milieu of the doctor, all three characters are subsumed under medicine's control, and their identities are removed to a final extent. While Anna and Melanctha have unfortunate instances, it is Lena's death that remains the most tragic, a woman patient entirely under a doctor's control. Stein chooses to end all three narratives in this way, under a doctor's care. Dying under a doctor's watch reveals a control over the patient's life and death, the ultimate moral control regulated and allowed by the institution of medicine. It is not murder when a doctor who cares for his patient is not able to save her.³⁹

Lena's death focuses attention on the quality of medical knowledge, and the premise that medical knowledge is as flawed as any other mechanism or institution. As

³⁹ Medicine and a patient dying under its auspices brings up an important notion, of 'allowed death'. In Edith Wharton's 1903 discussion of euthanasia and nursing in *The Fruit of the Tree*, medical professionals have a unique positioning in the moral space of life and death, and can control and mediate its outcomes without censure.

Foucault describes, his discussion is about “space, about language, and about death; it is about the act of seeing, the gaze” (*Clinic* 153). Stein also engages with the gaze, and with death. In this case, the gaze of the doctor fails in its machinations. The missing knowledge that causes its failure is not of science and scientific processes, however. Instead, as Lena’s case makes clear, it is a knowledge of interiority, of a self or an identity, that is missing. Beyond Lena’s “weak” personality traits, Stein uses the last narrative as the culmination of the modern gaze. Using Lena’s death specifically, Stein shows a modernist chasm in forward progress as medicine fails to cure or to heal. The body as object is all that remains with all three deaths. Rather than creation or continuous growth, Stein pushes against older models of knowledge. As Foucault writes, Enlightenment made claim to knowledge of the body through death. Death “was entitled to the clear light of reason, and became for the philosophical mind an object and source of knowledge..” (*Clinic* x). In the modernist rendering of these three characters, death brings with it no growth or knowledge, but simply a furthered absence. While some, like Richard Wright claim that Melanctha’s is the strongest narrative, Stein makes the most modernist move in Lena’s tale with the recurrent theme of absence. In its ending position, it reveals finality, and the “nothingness” that comes at life’s end. In doing so, Stein claims that this same absence applies to medicine and its appearance. There is nothing gained for the pursuit of medicine within this text.

Conclusion

As Gertrude Stein begins her early writing stage, completing *Q.E.D.* and *Three Lives* during and after her Baltimore period and medical school at Johns Hopkins, there is

a considered reflection upon a woman's body, and how it interacts with social structures of class and race. Stein uses the gaze of the medical doctor to interrogate these structures via three individual case studies. Stein's time in medical school seems to be an important moment to explore women and their roles, as she exists within a male-dominated sector. Yet she also takes this time to determine what normative and nonnormative behaviors exist, what is acceptable and unacceptable, and how that can be shaped and framed using the narrative of medicine.

In Anna's case, class and the laboring body becomes fodder for interrogation. Aligning most closely with Flaubert's *Félicité*, Anna moves through life in a fluid manner, without gendered milestones of marriage or sexuality. Floating above these milestones, Stein grounds Anna in terms of labor, giving her a moral code enforced herself. In doing so, Stein explores the laboring woman who concedes to her own moral code and not that of others. Anna's interactions with medicine accord with her class imperatives, and she is forced through economic control to remain in her position as a laboring woman, despite instructions and calls to move above her own station from her employers and from her doctors.

Melantha's narrative uses the body as a site of sexual and racial loci. Stein's exploration in Melantha's portion concerns nonnormative occurrences within these spheres, as Melantha triangulates sexuality and knowledge with Jeff Campbell, Jane Harden and Rose Johnson to determine her own social placement. When she comes up against Jeff Campbell, however, his own adherence to racial characteristics of whiteness that have been placed upon him complicate the scenario. Jeff is repeatedly drawn back to his own conceptions of knowledge, science, and learning he has been taught, and these

direct his actions toward Melanctha. Pushing toward his own desires for elitism and acceptance, he is strangely configured, as he also desires racial uplift. The doctor's gaze is complicated in Melanctha's narrative, extending toward her, but also refusing her, as it is mediated through Jeff Campbell. In forcing Melanctha and Jeff's relationship into repetitive orbit, it fails, and Melanctha's own quest for knowledge falters when Jeff interferes. Her nonnormative sexuality and racial characteristics cannot stand, similar to the failing of Anna who is nonnormative in refusing any kind of classist categorization.

In Lena's narrative, which finalizes the text, knowledge is refused from the outset. Lena is never given choice in her own actions, and yet is accorded the most normative heterosexual outcomes, marrying and having children. Lena's lack of knowledge and control signals the same force as the previous narratives – in removing Lena's knowledge and control of her body, there is damage done that is irreversible, as it ends in death. Lena's body, like Melanctha and Anna's, dies in a medical moment. The ending points not to a future of growth, but a refusal of that growth, and a complication of the pursuit of knowledge for medicine. Stein shows a configuration of identity that grows increasingly smaller as each woman's narrative is told, signaling a lack of confidence in the future.

These three narratives bring a question of Stein's overall interpretation of medical science, whether it is a force for good or a force of destruction. The text appears to use the doctor's gaze as a framing structure to create an understanding of the medical persona, but at the same time medicine appears in a negative format, as the doctor's gaze manipulates and controls, at once confident but with serious gaps in knowledge and expertise. Stein early on chooses what a modernist project would ultimately reveal in; that there is no clear answer, and that the confusion of categories is entirely useful and

purposeful. Science's gaze and its purview of knowledge are not subjects that should provide answers to cultural questions. Interactions with human patients who have narratives and lives are often complex and often fail. The three characters are lives that can be considered all at once, each as important in their own way in terms of social and cultural constructs, but considered together, reinforce a process and conception of life that is not easily determined or categorized, and Stein purposefully holds to that vision.

CONCLUSION

This project operates within the realms of literature, psychology and medicine, considering how literary voices more fully illuminate the woman patient's experience before, during, and after the turn of the 20th century. These patient narratives are covert in critical circles; discussion of women's mental illness in literature often focuses on the figure of the madwoman, such as *Jane Eyre*'s Bertha Mason. There is less emphasis on women's experience as medical patients or the experience of undergoing treatment for mental illness. Our contemporary understanding of mental illness may have something to do with this; a modern audience takes much for granted in terms of the developments in using personal narrative in treatment and the ability for women to easily enter the public sphere to gain access to this treatment. Such expectations are grounded in swift changes in the field of psychology that began after the Civil War and emerged more fully with the popularization of Freud's methodology. Women's voices within literature are often not considered as extending to the realm of medicine. This project remedies both the expectations of voice for women patients in psychological treatment and the missing voices of the patient by calling on women's literary contributions as representative of this perspective.

Focusing on the period of 1890 to 1930 allows an examination of literature during a complex period of time for the medical field, with considerable changes in technologies, theories, and treatments. At the same moment that rapid development occurred, views on gender and the woman patient were less progressive. Male physicians started to concentrate into a powerful guild, excluding women and alternative practitioners, seen for example in the completion of women's removal from midwifery.

Other concerns surfaced; often mental illness became an issue of class, as wealthy women were diagnosed and sought treatment more often for nervous illness. With new forms of medical products, women could also act as their own practitioners, treating themselves with over-the-counter or prescription medications. As clinical practice changed to include Freudian method by the 1940s, it coincided with new social roles for women, and thus more freedom for women's declarative voice. Later, women could fully express dissatisfaction or distress in any aspect of their lives, including spaces such as Second Wave feminist "consciousness-raising" groups in the early 1960s. This is not to say that Freud fully helped women or was singularly responsible for creating room for the presence of the woman patient; feminist scholars have leveled criticism at his misogynist approach. But his contributions to the field of psychology do provide a border line and a way to approach this undertaking via markers of "pre" and "post" Freudian practice.

This project argues that narratives of the female patient exist within and may be further reclaimed by women's literature in the period of 1890-1930. Through the work of women authors, some perspective of the patient is reinstated. The literary medium allows women writers to recreate the figure of the patient and use narrative elements of illness for a new and different purpose. Particularly for authors like Zelda Fitzgerald and Charlotte Perkins Gilman, the literary space is used for discussion of abject concepts such as illness, normally rejected narratives of the first-person experience of women's disorder. These authors also hold a dual role of increasing examination of medical practices. Gilman states clearly that her mission in writing "The Yellow Wallpaper" was in fact to create awareness of the treatment she underwent and its negative impact. Beginning with Gilman as the earliest author and ending with Zelda Fitzgerald, a

trajectory of women's writing is presented within the first chapter. This trajectory traces both women's employment of literary narratives of illness as well as critiques of common practices of psychological and medical treatment.

Particularly at the turn of the century, the formation of the field of psychology and attendant attitudes towards women's practices are a topic of concern for authors such as Sarah Orne Jewett. Jewett's *Country of the Pointed Firs* reflects on medicine's moves through various stages, including the removal of women, their reinstatement as alternative practitioners, and Jewett's own vision for a medical future that could combine alternative and more traditional, empirical approaches. Jewett uses practices such as herbalism, Christian Science and Jamesian theories of the unconscious as the basis for her text. The novella adds commentary on the status of women practitioners as Jewett engages with and intrudes into the debate occurring among male medical professionals at this moment.

The topic of the doctor-patient relationship is considered by most of the women writers within this project. As Gilman and Zelda Fitzgerald make clear, the figure of the husband conflated with the physician creates a force that works in tandem to restrict women, sometimes physically, in the domestic scene. Both women use their narratives to re-work these restraints and express themselves through and around the given identities of mental illness partially placed upon them by the figure of the husband-doctor. The doctor-patient relationship is equally fraught for Gertrude Stein; Stein views the growing power and normative qualities imagined by the turn-of-the-century physician and reacts against them. Her early novel *Three Lives* provides new perspectives of immigrant and minority patients and their experiences with medical practice and treatment. Stein sees

this community of women through the gaze of the physician, and I argue this is a more significant manner with which to view the text. Stein portrays the patient as invisible in order to highlight the protagonists' statuses as both women and minority. The African-American doctor in the text fits into this scenario, as his aspirations align him with the white medical community. In a modernist style, Stein's technique of narrative opacity frames the doctor's viewpoint of the minority or immigrant woman patient and the inherent power dynamic within the relationship.

The issue of addiction adds an additional dimension to the identity of the woman patient. In Edith Wharton's 1905 novel *House of Mirth*, I argue that the presence of addiction and patent medicines focus attention on the subject of the modern woman's autonomy and how she considers the risks and rewards of self-given medical treatment. The protagonist Lily Bart, as outlined in the chapter, contends with independence as a newly given construct and stumbles as she pursues self-treatment and falls into addiction. Within this, Wharton assesses the impact of consumer culture and class structures as directly influencing women's health. The ethos of this moment is additionally considered; Wharton's exploration of addiction and the absent physician provide fodder for criticism of an autonomy that provides women with opportunities to fall into the position as addicted patient without recourse. This provides a significant literary voice to call forth concerns about the medical environment for women.

As a whole, women writing during this period about medical experiences offer new ways of conceiving of illness as well as new understandings of the multiple identities of women patients. As seen, those such as Gilman and Fitzgerald work to remove the dominant identity of mental illness often attached to their personas. Sarah Orne Jewett in

particular helps to rethink the categorization and types of medical knowledge and the extent of women's participation in medical practices in their surroundings, partially through asserting herself as a writer with authority to reflect on these kinds of knowledges. Rather than turn only to the interiority of domesticity, Jewett provides an example of a woman writer exploring her larger community and considering alternatives to cultural practices. Wharton's analysis of the concept of autonomy and the medical sphere helps illuminate her own critique of social structures; her novel details, in part, how women relate to the public sphere and how they consider their own independence as a factor in their public and private lives. Autonomy is a thorny concept for women during this time period, and authors such as Wharton make clear that opportunities for progress are countered by worrisome trends such as opiate addiction.

Women in marginal communities in the form of servants, minority women, or women of the working class come under consideration in multiple texts used here. This allows for renewed attention on the aspect of visibility and invisibility, and sets up a spectrum within the construct of the woman patient. Stein's text forces into consideration the viewpoint of the male physician as one that often downplays the necessity of medical care in service to the growing elitist culture of the medical professional. Gender is further considered in the appearance of the male medical gaze, which works to reinforce social norms of class and race. While women across class spectrums are considered in this project, medical culture is sometimes particularly insidious for women in positions of servitude or those portrayed with considerable disadvantages. To that end, writers such as Stein use their narratives to reinstate the missing voice of the woman patient within these disadvantaged positions.

This project as a whole opens new opportunities for how we consider the modern woman and an additional reflection on the literary categorization of modernism. Using illness as a lens to understand modernism provides an innovative discourse, using as it does key considerations of the genre such as normality, fragmentation of dominance, and spheres of influence. Reframing normality in terms of the abnormal, or ill, body, not only uses the idea of health but also the ways a normative body is placed within the modernist sphere. While authors such as Sylvia Plath later utilize a rich exploration of illness, fully combining illness and art, early iterations of this same process have seen little critical consideration. I position this project within the scope of modernism to reveal these women authors as important predecessors for the confessional women poets and authors who emerge mid-century, women who fully embrace the topic of mental illness within their art. In addition, reclaiming women authors of this moment turns around scripts of dominance, particularly in popular conceptions of medicine and illness. Literature can intrude within these narratives and turn them toward new subjectivities. Historical narrative sees necessary development from modernist women writers, too, who expand discourses of the abnormal, pushing to change the very formulation of the “normal.” Literature’s voice situated within medical history provides new opportunity for this kind of revision.

One of the more important implications of this project is that it itself refuses classification in certain ways. Similar to the topic of historical categorization of mental illness discussed within the chapters, this project borders on categories of feminist work, but also refuses this association. While there is considerable focus on gender and the construction of gender within the field of medicine, the topic of feminism was

purposefully avoided as a basis of theorization. In addition, while this is a project of modernism, its position as stretching across the 19th and into the 20th century moves it away from its setting as devoted entirely to the study of modernism based on time, and uses authors who are considered further away from modernism such as Sarah Orne Jewett and Edith Wharton. The discussion is also concerned with women's disempowerment, but at the same time I reveal the authors' resistance as a force at work. The project is additionally situated as concerning mental illness as well as the topic of medicine, as psychology is not considered separate from medicine for large parts of the century. Psychology's position as a social science in the contemporary field speaks to the difficulty of its classification. Moving in between all these categorizations is a benefit but at times a difficulty in situating the project's purpose, yet adds an overall dimension of complexity.

This project also has wider implications for medical humanities and the topic of narrative away from that of classic literary studies. Particularly in terms of patient care and ethics, this work allows for a questioning of gendered care, a topic that has demanded fuller articulation. Though this is a historical work that reaches back to earlier parts of the 20th century, the theorizing here applies to the contemporary field of medical humanities in their pursuits of ethical patient care and goals of creating patient narrative as ultimately important to the formation of new physicians in their education. One of the goals of the medical humanities field is an intensified concentration on the humanistic experience and understanding literature and historical experience can help in this goal, examining humanistic concerns through the ways women write about their bodies, regardless of time period. As a burgeoning field, medical humanities is well-served through projects such as

this to help in its aims of combining medicine and literature, something this project uses as its foundation.

A number of women's narratives that deal directly with the woman patient and with the topic of mental illness are anticipated through this project. Particularly in the case of Sylvia Plath's *The Bell Jar*, the first-person narrative sees transformation, as the protagonist discusses psychological treatment as well as electroshock therapy. Charlotte Perkins Gilman, in some sense, is reimaged by Plath, as Plath pens a similar account more than 70 years later of undergoing treatment for mental illness and the attendant woes of a creative mind locked away. Women authors at the turn of the century provide the groundwork for confessional, autobiographical narrative such as what Plath produces. Women poets such as Anne Sexton also use confessional narrative in the genre of poetry in similar ways. These women are able to discuss treatment for their mental illness in a Freudian or psychotherapeutic manner that is absent from narratives in the early modernist period. Like Gilman and Zelda Fitzgerald, Sexton suffered from post-partum depression and was institutionalized. While this project aims to close a gap in a period that does not see as much critical attention on the topic of women's mental illness, it further works by anticipating authors such as Plath who receive fuller critical consideration.

Though this project covered considerable ground in determining the position of the woman patient during this period, further depth could be accorded to other authors or genres of literature. Eugene O'Neill's *Long Day's Journey Into Night*, which is mentioned in the text, provides a strong example of the woman opium addict. This text would be useful to incorporate to expand the scope of the project and include both the

genre of theatre as well as a male writer imagining a woman patient. O'Neill's play would serve this project in extending the perspective of the woman patient in terms of opiate addiction and its comparison with men and alcohol addiction. Moving backward, Louisa May Alcott's 1873 *Work: A Story of Experience* details one woman's trials of finding work outside the home in the industrial era, but also considers the protagonist's experience of working with a family with mental illness. The addition of poetry would be another genre to explore the presence of women's medical experiences, as with Anne Sexton and Plath.

Related to this discussion is F. Scott Fitzgerald and the creation of *Tender is the Night*, something that could be added to an expanded version of this manuscript. Scott's inclusion of a male protagonist who is a psychiatrist and marries his woman patient has strong correlation with this project, and is mentioned only briefly in discussion of Zelda's novel. Scott's claim that Zelda used much of the same material for early drafts of her novel resulted in censorship and editing of her work. However, included in commentary on Scott's novel should be a focus on Scott's use of Zelda's words and dialogue and coopting of her writing as part of his creative process. The overlap of authorship and censorship is a topic that merits further exploration, particularly in Scott's role as overseer for Zelda's psychological care. This coincides with other women whose work has been coopted by male artists without credit, such as the Dada artist and poet Baroness Elsa von Freytag-Loringhoven, who, like Zelda, saw some artistic work hidden and likely given credit to others such as Marcel Duchamp. Like Zelda, the Baroness's poetry and art center on the body and rejecting popular narratives, moving into the vulgar and similar concepts of the abject as topics for art.

Other narratives of women writers were not included here, but have considerable overlap with those discussed. Dorothy Parker in her short story “Big Blonde” considers the topics of alcoholism, women’s experiences of depression or “the blues,” and expectations for women during the late 1920s in relation to a period of cultural celebration. Beyond the contributions of American women writers and poets, British authors such as Virginia Woolf also consider women’s experiences and the internal, psychological self. Woolf’s well-known mental illness and suicide provides similar context and Woolf’s narratives of interiority would serve this project well in creating a Transatlantic approach and further contributing to the range of women’s writing in relation to psychology and medicine.

The aspect of consumer culture in terms of periodicals is also something this project looks to include in future iterations. Women’s magazines experienced a period of enormous growth and popularity at the end of the 19th century, and periodicals in general were a subtext of this project that did not receive full consideration. Concurrent with the general boom in magazine publication during this time, women’s periodicals such as *Ladies’ Home Journal*, *McCall’s* and *Good Housekeeping* were a central source of cultural expansion and growth. Within these periodicals, advertisements served to both pay for publication of the magazines and also as culture makers themselves. Advertisements and the publications they were housed within became meshed easily. Women’s magazines were rife with advertisements for every available product that the female population would find useful or compelling alongside articles on domestic topics. While briefly mentioned in the chapters on Sarah Orne Jewett and Edith Wharton, one of the largest types of advertising centered on medical products; childbirth and “women’s

illnesses” had a particular niche market, and remedies spoke to every possible ache and pain.

As a rhetorical project, a comparison of advertising with its associated content in women’s magazines would be productive. In a cross-influential manner, advertisements appeared alongside literature of the moment. Within this, a dual process of influence occurs, as the vehicle of the women’s magazine drives reader interest, and the content of the advertisements and printed articles they appear alongside act on consumer behavior. Women are a key audience of this moment and periodicals reached audiences far outside of major urban locales. In medical culture specifically, advertisements encouraged women to act on their own and self-medicate, to purchase medical products through the magazine’s persuasion. Consumer culture of periodicals is important, particularly as it includes a dimension of gender with women’s magazines, and the fact that many authors saw their novels first serialized within these same publications. The larger consumer world, such as that of department stores and other gendered topics such as fashion, all are part of a social sphere that are strongly connected to the topic of medicine and the gendered body.

As discussed in this dissertation, existent narratives of the woman patient are important for both literary studies and adjoining fields. Discussion of women’s mental illness and medical treatments portrayed by female literary figures in the early modernist period help to join conversations of literature and medicine together. The topic of illness provides an opportunity for a richer analysis of the modern woman’s experience and bringing these multiple texts together in one body of work refreshes our view of women’s social and medical encounters as a whole during this time. While earlier Victorian studies

include strong scholarship on the madwoman or the mentally ill, and modernist American literature has focused attention on equally prevalent voices by mid-century, the period considered here has space for more considered focus on the aspect of women's psychological treatment. Included in this framework are attendant problems such as gendered treatment, addiction, issues of class, and dominant practices that remove alternative opinions. The women authors discussed here enrich our view of the social and medical worlds, and of literature more generally

REFERENCES

- Abram, Ruth J. *Send Us a Lady Physician: Women Doctors in America, 1835-1920*. New York: Norton, 1985. Print.
- Acker, Caroline J, and Sarah W. Tracy. *Altering American Consciousness: The History of Alcohol and Drug Use in the United States, 1800-2000*. Amherst, Mass: University of Massachusetts Press, 2004. Print.
- Adams, Samuel H. *The Great American Fraud: Articles on the Nostrum Evil and Quacks, in Two Series, Reprinted from Collier's Weekly*. Irvine, Calif.: Reprint Services, 1993. Print.
- Alcott, Louisa M. *Work: A Story of Experience*. New York: Schocken Books, 1977. Print.
- Ammons, Elizabeth. "Jewett's Witches" in Gwen L. Nagel, ed. *Critical Essays on Sarah Orne Jewett*. Boston, Mass: G.K. Hall, 1984. Print.
- Appignanesi, Lisa. *Mad, Bad and Sad: Women and the Mind Doctors*. New York: W.W. Norton & Co, 2008. Print.
- Applegate, Edd. *The Rise of Advertising in the United States: A History of Innovation to 1960*. Lanham: Scarecrow Press, 2012. Print.
- Beard, George M. *American Nervousness: Its Causes and Consequences ; A Supplement to Nervous Exhaustion (Neurasthenia)*. New York: G.P. Putnam's Sons, 1881. Print.
- Beauvoir, Simone de. *The Second Sex*. New York: Knopf, 1953. Print.
- Bercovitch, Sacvan, and Cyrus R. K. Patell. *The Cambridge History of American Literature*. Cambridge [England: Cambridge University Press, 1994. Print.
- Berkenkotter, Carol. *Patient Tales: Case Histories and the Uses of Narrative in Psychiatry*. Columbia, S.C: University of South Carolina Press, 2008. Print.
- Berlant, Lauren G. *The Female Complaint: The Unfinished Business of Sentimentality in American Culture*. Durham: Duke University Press, 2008. Print.
- Berman, Jeffrey. "The Unrestful Cure: Charlotte Perkins Gilman and 'The Yellow Wallpaper'". In Catherine Golden, *The Captive Imagination: A Casebook on "The Yellow Wallpaper"*. New York: The Feminist Press, 1993. Print.
- Berman, Marshall. *All That Is Solid Melts into Air: The Experience of Modernity*. New York: Simon and Schuster, 1982. Print.

- Bingham, A. Walker *The Snake-Oil Syndrome: Patent Medicine Advertising*. Hanover, Mass: Christopher Publishing House, 1994. Print.
- Blackmer, Corinne E. "African Masks and the Arts of Passing in Gertrude Stein's "Melanctha" and Nella Larsen's "Passing"". *Journal of the History of Sexuality* 4.2 (1993): 230–263. Print.
- Blanchard, Paula. *Sarah Orne Jewett: Her World and Her Work*. Reading, Mass: Addison-Wesley Pub. Co, 1994. Print.
- Boyd, Susan C. *From Witches to Crack Moms: Women, Drug Law, and Policy*. Durham, N.C: Carolina Academic Press, 2004. Print.
- Boyer, Paul S., ed. *The Oxford Companion to United States History*. New York: Oxford University Press, 2001. Print.
- Braude, Ann. *Radical Spirits: Spiritualism and Women's Rights in Nineteenth-Century America*. Boston, Mass: Beacon Press, 1989. Print.
- Brecher, Edward M. *Licit and Illicit Drugs: The Consumers Union Report on Narcotics, Stimulants, Depressants, Inhalants, Hallucinogens, and Marijuana - Including Caffeine, Nicotine, and Alcohol*. Boston: Little, Brown, 1972. Print.
- Brinnin, John M. *The Third Rose: Gertrude Stein and Her World*. Boston: Little, Brown, 1959. Print.
- Bronte, Charlotte, and Richard J. Dunn. *Jane Eyre: An Authoritative Text, Backgrounds, Criticism*. New York: Norton, 1971. Print.
- Brozek, Josef. *Explorations in the History of Psychology in the United States*. Lewisburg: Bucknell University Press, 1984. Print.
- Brucoli, Matthew and Judith Baughman. *A Life in Letters*. New York: Scribner's, 1994. Print.
- . Margaret M. Duggan, and Susan Walker. *Correspondence of F. Scott Fitzgerald*. New York: Random House, 1980. Print.
- . Scottie F. Smith. *Some Sort of Epic Grandeur: The Life of F. Scott Fitzgerald*. New York: Harcourt Brace Jovanovich, 1981. Print.
- Burnham, John. *After Freud Left: A Century of Psychoanalysis in America*. Chicago: University of Chicago Press, 2012.

- Butler, Judith. *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge, 1999. Print.
- Butler, Thomas C. "The Introduction of Chloral Hydrate into Medical Practice". *Bulletin of the History of Medicine*. 44 (1970). 168-72. Print.
- Campbell, Lawton C. "The Fitzgeralds were my friends". Unpublished memoir.
- Campbell, Nancy D. "Toward a critical neuroscience of 'addiction'". *BioSocieties* (Palgrave). 5(2010). 89-104. Web.
- Caplan, Eric. *Mind Games: American Culture and the Birth of Psychotherapy*. Berkeley, Calif: University of California Press, 1998. Print.
- Carter, Adrian, and Wayne Hall. *Addiction Neuroethics: The Promises and Perils of Neuroscience Research on Addiction*. New York: Cambridge University Press, 2012. Print.
- Cary, Richard. "Jewett to Dresel: 33 Letters," *Colby Quarterly*: 11.1 (1975). Print. 13-49. Print.
- Cary, Richard. *Sarah Orne Jewett*. New York: Twayne Publishers, 1962. Print.
- Chesler, Phyllis. *Women and Madness*. Garden City, N.Y: Doubleday, 1972. Print.
- Chessman, Harriet S. *The Public Is Invited to Dance: Representation, the Body, and Dialogue in Gertrude Stein*. Stanford, Calif: Stanford University Press, 1989. Print.
- Clarke, Deborah. *Driving Women: Fiction and Automobile Culture in Twentieth-Century America*. Baltimore: Johns Hopkins University Press, 2007. Print.
- Cline, Sally. *Zelda Fitzgerald: Her Voice in Paradise*. London: John Murray, 2002. Print.
- Cohen, Milton A. "Black Brutes and Mulatto Saints: The Racial Hierarchy of Stein's 'Melanctha'". *Black American Literature Forum* 18.3 (1984): 119-121.
- Cohen, Rachel. *A Chance Meeting: Intertwined Lives of American Writers and Artists, 1854-1967*. New York: Random House, 2004. Print.
- Cott, Nancy F. *No Small Courage: A History of Women in the United States*. Oxford: Oxford University Press, 2000. Print.
- Cline, Sally. *Zelda Fitzgerald: The Tragic, Meticulously Researched Biography of the Jazz Age's High Priestess*. New York: Arcade Pub, 2012.

- Copeland, Carolyn Faunce. *Language and Time and Gertrude Stein*. Iowa City: U of Iowa P, 1975. Print.
- Courtwright, David T. *Dark Paradise: A History of Opiate Addiction in America*. Cambridge, Mass: Harvard University Press, 2001. Print.
- Cross, Gary S. *An All-Consuming Century: Why Commercialism Won in Modern America*. New York: Columbia University Press, 2000. Print.
- Crumpacker, Laurie. "The Art of Healing: Women in the Fiction of Sarah Orne Jewett" *Colby Quarterly*. 19.3 (1983). 155-166. Print.
- Cuskey, Walter R., T. Premkumar and Lois Sigel. "Survey of Opiate Addiction Among Females in the United States Between 1850 and 1970." *Public Health Reviews*. 1(1972). 6-39. Print.
- Daly, Mary. *Gyn/ecology: The Metaethics of Radical Feminism*. Boston: Beacon Press, 1990. Print.
- Daniel, Lucy. *Gertrude Stein*. London: Reaktion, 2009. Print.
- Davis, Cynthia J. *Bodily and Narrative Forms: The Influence of Medicine on American Literature, 1845-1915*. Stanford, Calif: Stanford University Press, 2000. Print.
- Davis, Dona, and Setha M. Low. *Gender, Health, and Illness: The Case of Nerves*. Taylor & Francis, 2014. Print.
- Davis, Simone W. "'The Burden of Reflecting': Effort and Desire in Zelda Fitzgerald's *Save Me the Waltz*." *Modern Language Quarterly*. 56.3 (1995): 327. Print.
- DeKoven, Marianne. *Rich and Strange: Gender, History, Modernism*. Princeton, N.J: Princeton University Press, 1991. Print.
- Dimock, Wai-Chee. "Debasing Exchange: Edith Wharton's *The House of Mirth*." *Publications of the Modern Language Association of America*. (1985): 783-792. Print.
- Dock, Julie Bates. *Charlotte Perkins Gilman's "The Yellow Wall-Paper" and the History of Its Publication and Reception: A Critical Edition and Documentary Casebook*. University Park, Pa: Pennsylvania State University Press, 1998. Print.
- Donaldson-Evans, Mary. *Medical Examinations: Dissecting the Doctor in French Narrative Prose, 1857-1894*. Lincoln: University of Nebraska Press, 2000. Internet resource.

- Donovan, Josephine. "Nan Prince and the Golden Apples. *Colby Quarterly*. 22.1(1986). 17-27. Print.
- Ehrenreich, Barbara, and Deirdre English. *Witches, Midwives, and Nurses: A History of Women Healers*. Old Westbury, N.Y: Feminist Press, 1973. Print.
- Ellenberger, Henri F. *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*. New York: Basic Books, 1970. Print.
- Engel, Jonathan. *American Therapy: The Rise of Psychotherapy in the United States*. New York: Gotham Books, 2008. Print.
- Feinstein, Howard M. *Becoming William James*. Ithaca, N.Y: Cornell University Press, 1984. Print.
- Felski, Rita. *The Gender of Modernity*. Cambridge: Harvard University Press, 2009.
- Fetterley, Judith, and Marjorie Pryse. *Writing Out of Place: Regionalism, Women, and American Literary Culture*. Urbana: University of Illinois Press, 2003. Print.
- Fetrow, Charles, Juan R. Avila. *The Complete Guide to Herbal Medicines*. New York: Simon and Schuster, 2000. Print.
- Fields, Annie, ed. *Letters of Sarah Orne Jewett*. New York: Houghton Mifflin, 1911. Print.
- Finney, Gail. *Women in Modern Drama: Freud, Feminism, and European Theater at the Turn of the Century*. Ithaca: Cornell University Press, 1989. Print.
- Fitzgerald, F S. *Tender Is the Night*. New York: Charles Scribner, 1962. Print.
- Fitzgerald, F S, Zelda Fitzgerald, Jackson R. Bryer, and Cathy W. Barks. *Dear Scott, Dearest Zelda: The Love Letters of F. Scott and Zelda Fitzgerald*. New York: St. Martin's Press, 2002. Print.
- Fitzgerald, Zelda. *Save Me the Waltz*. London: Vintage Books, 2001.
- . Matthew J. Bruccoli. *The Collected Writings of Zelda Fitzgerald*. Tuscaloosa: University of Alabama Press, 1997. Print.
- Flaubert, Gustave, and Edouard Maynial. *Trois Contes: Un Coeur Simple. La Légende De Saint Julien L'hospitalier. Hérodiade*. Paris: Garnier Frères, 1969. Print.

- Folsom, Marcia McClintock. "'Tact is a kind of mind reading': Empathic style in Sarah Orne Jewett's *The Country of the Pointed Firs*". *Colby Quarterly*. 18.1 (1982). 66-78. Print.
- Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Pantheon Books, 1973. Print.
- . *The History of Sexuality*. New York: Pantheon Books, 1978. Print.
- . *Madness and Civilization: A History of Insanity in the Age of Reason*. New York: Pantheon Books, 1965. Print.
- Foxcroft, Louise. *The Making of Addiction: The 'use and Abuse' of Opium in Nineteenth-Century Britain*. Aldershot, England: Ashgate, 2007. Print.
- Franke, Astrid. *Keys to Controversies. Stereotypes in Modern American Novels*. Frankfurt: Campus, 1999.
- Freytag-Loringhoven, Elsa , Irene Gammel, and Suzanne Zelazo. *Body Sweats: The Uncensored Writings of Elsa Von Freytag-Loringhoven*. Cambridge, Mass: MIT Press, 2011. Print.
- Friedling, Melissa P. *Recovering Women: Feminisms and the Representation of Addiction*. Boulder, Colo: Westview Press, 2000. Print.
- "Friend husband's latest". *New York Tribune*. April 2, 1922. Section 5. p. 11. Web.
- Fryer, Judith. "What Goes on in the Ladies Room? Sarah Orne Jewett, Annie Fields, and their Community of Women". *The Massachusetts Review*. 30.4 (Winter, 1989). 610-628. Print.
- Fuller, Robert C. *Americans and the Unconscious*. New York: Oxford University Press, 1986. Print.
- Gevitz, Norman. *Other Healers: Unorthodox Medicine in America*. Baltimore: Johns Hopkins University Press, 1988.
- Gilbert, Sandra M, and Susan Gubar. *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination*. New Haven: Yale University Press, 1979. Print.
- Gilman, Charlotte Perkins. *The Living of Charlotte Perkins Gilman: An Autobiography*. Madison, Wis: University of Wisconsin Press, 1991. Print.

- Gilman, Charlotte Perkins. "Why I Wrote the Yellow Wallpaper". *The Forerunner*. October 1913. 271. Web.
- . *Women and Economics*. Boston: Small, Maynard, 1898. Web.
- . "The Yellow Wallpaper", *New England Magazine*. October 1892. 647-656. Web.
- Goffman, Erving. *The Presentation of Self in Everyday Life*. Garden City, N.Y: Doubleday, 1959. Print.
- Goldberg, Jacob A. "Jews in the Medical Profession: A National Survey". *Jewish Social Studies* 1.3 (1939): 327–336. Web
- Golden, Christine, ed. *Charlotte Perkins Gilman's The Yellow Wallpaper: A Sourcebook and Critical Edition*, New York: Routledge, 2004.
- Goldsmith, Meredith. "Cigarettes, Tea, Cards, and Chloral: Addictive Habits and Consumer Culture in *The House of Mirth*." *American Literary Realism*. 43.3 (2011): 242-258. Print.
- Goode, Erich. *Drugs in American Society*. New York: McGraw-Hill, 2014. Print.
- Grob, Gerald N, and Allan V. Horwitz. *Diagnosis, Therapy, and Evidence: Conundrums in Modern American Medicine*. New Brunswick, N.J: Rutgers University Press, 2010. Internet resource.
- Grim, Ryan. *This Is Your Country on Drugs: The Secret History of Getting High in America*. Hoboken, N.J: Wiley, 2009. Print.
- Gosling, Francis G. *Before Freud: Neurasthenia and the American Medical Community, 1870-1910*. Urbana: University of Illinois Press, 1987. Print.
- Grieve, M. *A Modern Herbal: The Medicinal, Culinary, Cosmetic and Economic Properties, Cultivation and Folk-Lore of Herbs, Grasses, Fungi, Shrubs, & Trees with All Their Modern Scientific Uses*. New York: Dover Publications, 1971. Print.
- Guttmacher, Alan Frank. "Recollections of John Whitridge Williams." *Bulletin of the Institute of the History of Medicine*, 3 (1935), 19-30. Print.
- Hale, Nathan G. *The Beginnings of Psychoanalysis in the United States, 1876-1917*. New York: Oxford University Press, 1971. Print.
- . *Freud and the Americans*. New York: Oxford University Press, 1971. Print.

- Hale, Nathan G. *The Rise and Crisis of Psychoanalysis in the United States: Freud and the Americans, 1917-1985*. New York: Oxford University Press, 1995. Print.
- Hartman, Mary S, and Lois W. Banner. *Clio's Consciousness Raised; New Perspectives on the History of Women*. New York: Harper & Row, 1974. Print.
- Hartnett, Koula S. *Zelda Fitzgerald and the Failure of the American Dream for Women*. New York: P. Lang, 1990. Print.
- Haselstein, Ulla. "A New Kind of Realism: Flaubert's *Trois Contes* and Stein's *Three Lives*." *Comparative Literature*. 40.4 (2009): 388. Print.
- Heller, Terry. "Notes to Annie Fields' *Letters of Sarah Orne Jewett*"". Coe College. Public Domain. 1999. Web. <http://www.public.coe.edu/~theller/soj/let/notes.htm>
- Herman, Ellen. *The Romance of American Psychology: Political Culture in the Age of Experts*. Berkeley: University of California Press, 1996. Print.
- Herndl, Diane Price. *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840-1940*. Chapel Hill: University of North Carolina Press, 1993. Print.
- Hickman, Timothy A. *The Secret Leprosy of Modern Days: Narcotic Addiction and Cultural Crisis in the United States, 1870-1920*. Amherst: University of Massachusetts Press, 2007. Print.
- Higby, Gregory, Elaine C. Stroud, and David L. Cowen. *The History of Pharmacy: A Selected Annotated Bibliography*. New York: Garland Pub, 1995. Print.
- "A History of Pharmaceutical Compounding" *Secundem Artem: Current and Practical Compounding Information for the Pharmacist*. 11.3 n.d. n.p. Web.
- Holbrook, Stewart H, and Leon Banov. *The Golden Age of Quackery*. New York: Macmillan, 1959. Print.
- Holstein, Michael E. "Art and Archetype: Jewett's 'Pointed Firs' and the Dunnet Landing Stories." *Nineteenth-century Literature*. (1987): 188-202. Print.
- Horwitz, Allan V. *Creating Mental Illness*. Chicago: University of Chicago Press, 2002. Print.
- Horowitz, Helen L. *Wild Unrest: Charlotte Perkins Gilman and the Making of 'The Yellow Wall-Paper'*". New York: Oxford University Press, 2010. Print.

- Howard, June. *New Essays on the Country of the Pointed Firs*. Cambridge UK: Cambridge University Press, 1994. Print.
- Howard, June. "Unraveling Regions, Unsettling Periods: Sarah Orne Jewett and American Literary History." *American Literature*. 68.2(1996): 365-384. Print.
- Hubbard, Elbert. *Lydia E. Pinkham: Being a Sketch of Her Life and Times*. East Aurora, N.Y: The Roycrofters, 1915. Print.
- Hubert, Susan J. *Questions of Power: The Politics of Women's Madness Narratives*. Newark: University of Delaware Press, 2002. Print.
- Hustvedt, Asti. *Medical Muses: Hysteria in Nineteenth-Century Paris*. New York: W.W. Norton & Co, 2011. Print.
- Idler, Ellen L. "Moral Medicine: Symbolic Content in 19th Century Shaker Therapeutics." *Culture, Medicine and Psychiatry : An International Journal of Comparative Cross-Cultural Research*. 13.1 (1989): 1-24. Print.
- James, William. *The Principles of Psychology*. New York: Dover Publications, 1950. Print.
- . *The Varieties of Religious Experience: A Study in Human Nature*. New York: Modern Library, 1936. Print.
- Jewett, Sarah Orne. *The Country of the Pointed Firs and Other Stories*. New York: Signet, 2009. Print.
- . *The Country Doctor*. Upper Saddle River, N.J.: Gregg Press, 1970. Print.
- Johnston, Georgia. "Reading Anna Backwards: Gertrude Stein Writing Modernism Out of the Nineteenth Century." *Studies in the Literary Imagination*. 25 (1992): 31–37. Print.
- Judd, Deborah M, Kathleen Sitzman, and Megan Davis. *A History of American Nursing: Trends and Eras*. Sudbury, Mass: Jones and Bartlett Publishers, 2010. Print.
- Kandall, Stephen R. *Substance and Shadow: Women and Addiction in the United States*. Cambridge, Mass: Harvard University Press, 1996. Print.
- Kane, H H. *Drugs That Enslave: The Opium, Morphine, Chloral and Hashisch Habits*. Philadelphia: Blakiston, 1881. Print.
- Katz, Leon. "Introduction" in Gertrude Stein, *Fernhurst, Q.E.D., and Other Early Writings*. New York: Norton & Co. 1996. Print.

- Keats, Jonathon. "For the love of literature" Salon.com *Salon*. August 25 2001. Web.
- Kempner, Joanna L. *Not Tonight: Migraine and the Politics of Gender and Health*. Chicago: University of Chicago Press, 2014. Print.
- Kneeland, Timothy W, and Carol A. B. Warren. *Pushbutton Psychiatry: A Cultural History of Electric Shock Therapy in America*. Walnut Creek: Left Coast Press, 2008. Print.
- Kristeva, Julia. *New Maladies of the Soul*. New York: Columbia University Press, 1995. Print.
- Kristeva, Julia, and Leon S. Roudiez. *Powers of Horror: An Essay on Abjection*. New York: Columbia University Press, 1982. Print.
- Larson, Magali S. *The Rise of Professionalism: A Sociological Analysis*. Berkeley: University of California Press, 1977. Print.
- Latour, Bruno. *Science in Action: How to Follow Scientists and Engineers Through Society*. Cambridge, Mass: Harvard University Press, 1987. Print.
- Latour, Bruno, and Catherine Porter. *We Have Never Been Modern*. Cambridge, Mass: Harvard University Press, 1993. Print.
- Leavitt, Judith W. *Women and Health in America: Historical Readings*. Madison, Wis,: University of Wisconsin Press, 1984. Print.
- Ludmerer, Kenneth M. *Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care*. Oxford: Oxford University Press, 1999. Print.
- Lutz, Tom. *American Nervousness, 1903: An Anecdotal History*. Ithaca: Cornell University Press, 1991. Print.
- . *Cosmopolitan Vistas: American Regionalism and Literary Value*. Ithaca: Cornell University Press, 2004. Print.
- McBride, Dorothy E. *Abortion in the United States: A Reference Handbook*. Santa Barbara, Calif: ABC-CLIO, 2007. Print.
- Mackrell, Judith. *Flappers: Six Women of a Dangerous Generation*. New York: Sarah Crichton Books. 2014. Print.

- McNamara, Brooks. "The Indian Medicine Show". *Educational Theatre Journal* 23.4 (1971): 431–445. Print.
- Mellow, James R. *Charmed Circle: Gertrude Stein & Company*. New York: Praeger, 1974. Print.
- Meyer, Steven. *Irresistible Dictation: Gertrude Stein and the Correlations of Writing and Science*. Stanford, Calif: Stanford University Press, 2001. Print.
- Micale, Mark. *Hysterical Men: The Hidden History of Male Nervous Illness*. Cambridge, Mass.: Harvard University Press, 2008. Print.
- Milford, Nancy. *Zelda: A Biography*. New York: Harper & Row, 1970. Print.
- Miller, Amy B. W. *Shaker Herbs: A History and a Compendium*. New York: C.N. Potter, 1976. Print.
- Miller, J.L. "Poisoning by Orangeine". *Journal of the American Medical Association*. June 24, 1905. p. 1989. Print.
- Mitchell, S. Weir. *Fat and Blood: An Essay on the Treatment of Certain Forms of Neurasthenia and Hysteria*. Philadelphia: J.B. Lippincott, 1902. Print.
- . *Doctor and Patient*. 3rd Ed. Philadelphia: J.B. Lippincott, 1888. Print.
- Moi, Toril. *Feminist Theory & Simone De Beauvoir*. Oxford, UK: Blackwell, 1990. Print.
- Morantz-Sanchez, Regina M. *Sympathy and Science: Women Physicians in American Medicine*. New York: Oxford University Press, 1985. Print.
- More, Ellen S. *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995*. Cambridge, Mass: Harvard University Press, 1999. Print.
- Morrison, Toni. *The Bluest Eye*. New York: Vintage International, 1970. Print.
- Mountian, Ilana. *Cultural Ecstasies: Drugs, Gender and the Social Imaginary*. New York: Routledge, 2013. Print.
- Murison, Justine S. *The Politics of Anxiety in Nineteenth-Century American Literature*. Cambridge: Cambridge University Press, 2011. Print.
- Murphy, Gardner and Robert O. Ballou. *William James on Psychological Research*. New York: Viking Press, 1960. Print.
- Musto, David F. *The American Disease: Origins of Narcotic Control*. New Haven: Yale University Press, 1973. Print.

- “Nostrums and Quackery: Articles on the Nostrum Evil and Quackery Reprinted, with Additions and Modifications” from the *Journal of the American Medical Association*. Chicago: American Medical Association Press, 1912. Print.
- Numbers, Ronald L. "Do-it-yourself the sectarian way." In *Medicine without Doctors*. Eds. Guenter B. Risse, Ronald L. Numbers, and Judith Walzer Leavitt. New York: Science History Publications, 1977. Print.
- . “The Fall and Rise of the Medical Profession” in *Sickness and Health in America*, eds. Judith Walzer Leavitt, Ronald Numbers. Madison: University of Wisconsin Press, 1997. Print.
- O'Neill, Eugene. *Long Day's Journey into Night*. New Haven: Yale University Press, 1956. Print.
- O'Sullivan, Catherine. *Reshaping Herbal Medicine: Knowledge, Education, and Professional Culture*. New York: Elsevier/Churchill Livingstone, 2005. Print.
- Ohmann, Richard M. *Selling Culture: Magazines, Markets, and Class at the Turn of the Century*. London: Verso, 1996. Print.
- “Orangeine”. *Harper's Monthly Magazine*. Eds. Henry Mills Alden, Thomas Bucklin Wells, Lee Foster Hartman. Vol. 112. Advertiser. p. 1135.
- Parker, Dorothy. *The Portable Dorothy Parker*. New York: Viking Press, 1973. Print.
- Pechey, John. *The Compleat Midwife's Practice Enlarged in the Most Weighty and High Concernments of the Birth of Man Containing a Perfect Directory or Rules for Midwives and Nurses: As also a Guide for Women in their Conception, Bearing and Nursing of Children from the Experience of our English Authors, viz., Sir Theodore Mayern, Dr. Chamberlain, Mr. Nich. Culpeper...: with instructions of the Queen of France's Midwife to her Daughter*. London: Printed for H. Rhodes...J. Philips...J. Taylor...and K. Bentley...1698. Ann Arbor, MI, London, UK: Text Creation Partnership. 2007-2010. Web.
- Pinkham, Lydia E. *Treatise on the Diseases of Women*. Project Gutenberg, 2009. Internet resource.
- Plath, Sylvia. *The Bell Jar*. New York: Harper & Row, 1971. Print.
- Prince, Morton. *The Nature of Mind and Human Automatism*. Philadelphia: J.B. Lippincott Co. 1885. Print.

- . "Hugblings-Jackson on the Connection Between the Mind and the Brain". *Mind*. 14.2-3(1891). 250-269. Web.
- Prochnik, George. *Putnam Camp: Sigmund Freud, James Jackson Putnam, and the Purpose of American Psychology*. New York: Other Press, 2006. Print.
- "Psychoanalysis and narrative". *Routledge Encyclopedia of Narrative Theory*. Eds. David Herman, Manfred Jahn, Marie-Laure Ryan. Routledge: 2010. Print.
- Raz, Mical. *The Lobotomy Letters: The Making of American Psychosurgery*. Rochester, NY: Rochester University Press, 2013.
- Reagan, Leslie J. *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973*. Berkeley: University of California Press, 1997.
- Reed, Edward. *From Soul to Mind: The Emergence of Psychology from Erasmus Darwin to William James*. New Haven: Yale University Press, 1997. Print.
- Richardson, Robert D. *William James: In the Maelstrom of American Modernism : a Biography*. Boston: Houghton Mifflin, 2006. Print.
- Romero, Lora. *Home Fronts: Domesticity and Its Critics in the Antebellum United States*. Durham: Duke University Press, 1997. Print.
- Rose, Nikolas S, and Joelle M. Abi-Rached. *Neuro: The New Brain Sciences and the Management of the Mind*. Princeton: Princeton University Press, 2013. Web.
- Rothfield, Lawrence. *Vital Signs: Medical Realism in Nineteenth-Century Fiction*. Princeton, N.J: Princeton University Press, 1992. Print.
- Rothstein, William G. "The Botanical Movements and Orthodox Medicine" in Norman Gevitz, *Other Healers: Unorthodox Medicine in America*. Baltimore: Johns Hopkins University Press, 1988.
- Rowe, John C. "Naming What Is Inside: Gertrude Stein's Use of Names in *Three Lives*." *Novel; a Forum on Fiction*. 36.2 (2003): 219. Print.
- Schoepflin, Rennie B. *Christian Science on Trial: Religious Healing in America*. Baltimore: Johns Hopkins University Press, 2003. Internet resource.
- Sedgwick, Eve K. *Between Men: English Literature and Male Homosocial Desire*. New York: Columbia University Press, 1985. Print.
- Sexton, Anne, Diane W. Middlebrook, and Diana H. George. *Selected Poems of Anne Sexton*. Boston: Houghton Mifflin, 1988. Print.

- Shakespeare, William. *Hamlet*. in *The Complete Works of Shakespeare*. Ed. George Rylands. New York: Heritage Press, 1958. Print.
- Shorter, Edward, and David Healy. *Shock Therapy: A History of Electroconvulsive Treatment in Mental Illness*. New Brunswick, N.J: Rutgers University Press, 2007. Print.
- Showalter, Elaine. "The Death of the Lady (novelist): Wharton's *House of Mirth*." *Representations*. 9.1 (1985): 133-149. Print.
- . "Killing the Angel in the House: The Autonomy of Women Writers." *Antioch Review* 32.3 (1973): 339-53.
- . "Hysteria, Feminism, and Gender" in *Hysteria Beyond Freud*. Eds. Sander L. Gilman, Helen King, Roy Porter, G. S. Rousseau, Elaine Showalter. Berkeley: University of California Press, 1993. Print.
- . *The Female Malady: Women, Madness, and English Culture, 1830-1980*. New York: Pantheon Books, 1985. Print.
- . *The New Feminist Criticism: Essays on Women, Literature, and Theory*. New York: Pantheon Books, 1985. Print.
- . *Sister's Choice: Tradition and Change in American Women's Writing*. Oxford: Clarendon Press, 1991. Print.
- Shryock, Richard H. *Medicine in America: Historical Essays*. Baltimore, MD: Johns Hopkins Press, 1966. Print.
- Silver, Gary, ed. *The Dope Chronicles (1850-1950)*. San Francisco: Harper and Row, 1979. Print .
- Sivulka, Juliann. *Soap, Sex, and Cigarettes: A Cultural History of American Advertising*. Belmont, Calif: Wadsworth Pub. Co, 1998. Print.
- Skinner, Carolyn. *Women Physicians and Professional Ethos in Nineteenth-Century America*. Carbondale : Southern Illinois University Press, 2014. Print.
- Smith-Rosenberg, Carroll. *Disorderly Conduct: Visions of Gender in Victorian America*. New York: A.A. Knopf, 1985. Print.
- Smith, Karen M. *New Paths to Power: American Women, 1890-1920*. New York: Oxford University Press, 1994. Print.

- Solinger, Rickie. *Pregnancy and Power: A Short History of Reproductive Politics in America*. New York: New York University Press, 2005. Print.
- Somerville, Siobhan B. *Queering the Color Line: Race and the Invention of Homosexuality in American Culture*. Durham, NC: Duke University Press, 2000. Print.
- Stage, Sarah. *Female Complaints: Lydia Pinkham and the Business of Women's Medicine*. New York: Norton, 1979. Print.
- Starr, Paul. *The Social Transformation of American Medicine*. New York: Basic Books, 1982. Print.
- Stein, Gertrude. *The Autobiography of Alice B. Toklas*. New York: Random House, 2000. Print.
- . *Fernhurst, Q.E.D. and Other Early Writings*. New York: Norton & Co., 1996. Print.
- . *Three Lives*. New York: Dover Publications, 1994. Print.
- . "The Value of College Education for Women". Full typescript. Baltimore Museum of Art Library Archives. Claribel and Etta Cone Papers. Web.
<http://cdm15264.contentdm.oclc.org/cdm/ref/collection/p15264dc/id/454>
- Stimpson, Catharine R. "The Mind, the Body, and Gertrude Stein." *Critical Inquiry*. (1977): 489-506. Print.
- Taylor, Eugene. *The Mystery of Personality: A History of Psychodynamic Theories*. New York: Springer-Verlag, 2009. Internet resource.
- Taylor, Kendall. *Sometimes Madness Is Wisdom: Zelda and Scott Fitzgerald : Marriage*. New York: Ballantine Books, 2001. Print.
- Thrailkill, Jane F. *Affecting Fictions: Mind, Body, and Emotion in American Literary Realism*. Cambridge, Mass: Harvard University Press, 2007. Print.
- . "Doctoring "the Yellow Wallpaper"." *ELH*. 69.2 (2002): 525-566. Print.
- Tichi, Cecelia. "Women Writers and the New Woman" in *Columbia Literary History of the United States*, Eds. Emory Elliott, Martha Banta, Houston A. Baker. New York, NY: Columbia University Press, 2013. Print.
- Tribe, Laurence H. *Abortion: The Clash of Absolutes*. New York: Norton, 1990. Print.

- Tyson, James. *The Practice of Medicine*. 2nd Ed. Philadelphia: P. Blakiston's Son, 1900. Print.
- VanNostrand, Jillian, and Christie V. Sarles. *Alewife's Garden*. Mirror Lake, NH: Radical Weeds, 2002. Print.
- Van Vechten, Carl. "Introduction". Gertrude Stein, *Three Lives*. New York: Modern Library, 1933.
- Varney, Helen, and Joyce B. Thompson. *A History of Midwifery in the United States: The Midwife Said Fear Not*. New York: Springer. 2016. Print.
- Veblen, Thorstein. *The Theory of the Leisure Class*. Champaign, Ill: Project Gutenberg, 1990. Internet resource.
- Wagner-Martin, Linda. *Favored Strangers: Gertrude Stein and Her Family*. New Brunswick, N.J: Rutgers University Press, 1995. Print.
- . *Zelda Sayre Fitzgerald: An American Woman's Life*. New York: Palgrave Macmillan, 2004. Print.
- Walker, Jayne L. *The Making of a Modernist. Gertrude Stein from Three Lives to Tender Buttons*. Amherst: U of Massachusetts Press, 1984. Print.
- Walsh, Linda. Joyce B. Thompson, Charlotte G. Borst, and Helen V. Burst. *Midwife Means with Woman: An Historical Perspective*. Bethesda, Md: History of Medicine Division, National Library of Medicine, National Institutes of Health, 1993.
- Walsh, Mary R. *'Doctors Wanted, No Women Need Apply': Sexual Barriers in the Medical Profession, 1835-1975*. New Haven: Yale University Press, 1977. Print.
- Walter, Richard D. *S. Weir Mitchell, M.D., Neurologist: A Medical Biography*. Springfield, Ill: Thomas, 1970. Print.
- Weir Mitchell, Silas. *Doctor and Patient*, New York: J.B. Lippincott & Co, 1887. Print.
- . *Fat and Blood: An Essay on the Treatment of Certain Forms of Neurasthenia*, New York: J.B. Lippincott & Co, 1884.
- Weiss, M Lynn *Gertrude Stein and Richard Wright: The Poetics and Politics of Modernism*. Jackson, Miss.: University Press of Mississippi, 1998. Print.
- West, James L. W. "F. Scott Fitzgerald and American Psychiatry: A New Letter." *American Imago*. 68.1 (2011). Print.

- Wharton, Edith. *A Backward Glance*. New York: Scribner's, 1964. Print.
- . *The Fruit of the Tree*. New York: Scribner's, 1907. Print.
- . *The House of Mirth*. New York: Scribner's, 1905. Print.
- . *A Motor Flight Through France*. Scribner's, 1908. Print.
- White, William and Jean Kilbourne. "American women and addiction: A cultural double bind." *Counselor* 7.3 (2006), 46-51. Print.
- White, William L. *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*. Bloomington, Ill: Chestnut Health Systems/Lighthouse Institute, 1998. Print.
- Whorton, James C. *Nature Cures: The History of Alternative Medicine in America*. Oxford: Oxford University Press, 2002. Print.
- Wineapple, Brenda. *Sister Brother: Gertrude and Leo Stein*. New York: G.P. Putnam's Sons, 1996. Print.
- Wood, Mary E. "A Wizard Cultivator: Zelda Fitzgerald's *Save Me the Waltz* As Asylum Autobiography." *Tulsa Studies in Women's Literature*. 11.2 (1992): 247-264. Print.
- Yeazell, Ruth B. "The Conspicuous Wasting of Lily Bart." *ELH*. 59.3 (1992): 713-734. Print.
- Young, James H. *The Toadstool Millionaires: A Social History of Patent Medicines in America Before Federal Regulation*. Princeton, N.J: Princeton University Press, 1961. Print.
- . *The Medical Messiahs: A Social History of Health Quackery in Twentieth-Century America*. Princeton, N.J: Princeton University Press, 1967. Print.
- Zebroski, Bob. *A Brief History of Pharmacy: Humanity's Search for Wellness*. New York: Routledge, 2016. Print.